4259

TO HOSPITAL OR & NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the page 4 may be retained the hospital as attenting physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or remayal, and in any event, within 72 haurs offer death.

VR ATS (4) TSM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04252

a. COUNTY Fred	lerick	MARYLANI	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick						
	f autside carporate limits, wr arest town)	c. LENGTH OF STAY IN 1		TOWN (If autside corp	- 44		nearest town)		
d. NAME OF HOSPIT OR INSTITUTION Vindobona	AL (If not in hospital, give st Convalescent	& Rest Home	d. STREET	Near Freder	rick		e. IS RESIDENCE ON A FARM? YES NO		
3. NAME OF DECEASED (Type or print)	First STONEWAL	Middle JACKSON	BEAL	OF		pril	3, 1961		
S. SEX Male	9973 0 4	AARRIED NEVER MARRIED OWED DIVORCED	8. DATE OF BIRT		9. AGE (In years last birthday) 00 yrs.	Manths Days	AR IF UNDER 24 HRS s Hours Min.		
10o. USUAL OCCUPATION during most of work Retired Far	ing life, even if retired)	10b. KIND OF BUSINESS OR IN Farm Owner		ACE (State or foreign	_	USA	OF WHAT COUNTRY		
13. FATHER'S NAME William C.	Beall			maiden name cy Eaves					
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		Mrs. Kati	e Mae Beall	Addr L (Same a	as item	#2)		
	mmediate (i Heart	Plesear			NSET AND DEATH		
20g. ACCIDENT WA	Garyre, S UNDERLYING [20b.	ns <u>contributing to death to</u> Me, <u>Orterias cless</u> DESCRIBE HOW INJURY OCCUP	rtin Rt.	leg & amy	milation	'EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO		
20c. TIME OF INJUR Hour a. m. p. m.	w	Od. INJURY OCCURRED 20e. /hile Nat while wark at work	PLACE OF INJURY factory, street, office	(Hame, farm, 20f. (Ci	ity or town)	(Count	ty) (State		
saw the deceas 22a. SIGNATURE CULL 22c. PHYSICIAN'S	ed alive on 6/7	ulels,	M.D. ATTENDIN PHYS.	DIRECTOR L	STAFF PHYS.	d on the da	or 1961 SIGNED		
	N, 23b. DATE THEREOF	23c. NAME OF CEMETER' Mount Olive			ATION (City, town, oderick, Ma		(State)		
24. FUNERAL DIRECTOR' M. R. Etc	s signature hison & Son,	Frederick, Mar	yland	250. REC'D BY REGI		STRAR'S SIGNAT			

			2012 0021
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	delater to a new y	Self Space 4	
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			THE COMMITTEE
	(see) the party state of		
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	Z	260		CERTIF	FICAT	E OF DEATH				149	13
)	PLACE OF DEATH a. COUNTY Fre	derick		MAR	rLAND	2. USUAL RESIDENCE (WHO o. STATE Mary)		d. If institution b. COUNTY	Residence be		ion)
	b. CITY OR TOWN (I RURAL ond give no Fre	f outside carporote lime eorest town) derick		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o	outside corporate	limits, write RUI			1)
	or institution 528 Mary	AL (If not in hospital, s	give street o	address)		d. STREET ADDRESS 528 Mary S	treet	1			FARM?
	NAME OF DECEASED (Type or print)	HARR.	rst Y	Middle HUBE		Lost BOWERS	4. DATE OF DEATH	Month Apri			Year 1961.
	Male	6. COLOR OR RACE White	WIDOWE		D		1896	64 yrs.	F UNDER 1 YEA	Hours	Min.
	Salesma	DN (Give kind of work king life, even if retired N)	ad Machine		Marylan	d	7)	USA	OF WHAT (OUNTRY
		W. Bowers				Anna Fo		HE C			
		R IN U. S. ARMED FOI (If yes, give war or dates of	service)	14-10-5686		s. Ethel B.	Bowers	528 Mar	y St.	Fred.	, Md.
Z	Canditions, if o gave rise to i cause (a), stoting lying couse last.	the <u>under-</u>	a ar	Thrond	Central BUT N	ory ord			N IN PART 1(g	119. WAS	autopsy
CERTIFICATION	20a. ACCIDENT WA		-			(Enter noture of injury in				PERFO	ORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Manth, Doy, Ye	20d. IN While of work	Not while	20e. PLAC focto	CE OF INJURY (Home, form bry, street, office bldg., etc	20f. (City or t	awn)	(Count	y)	(State
		it (I) (this haspita sed alive an <u>3</u>	1) attend	1 .		th accurred a 2:3	Menter of the	causes and	_, 19. 6 1_, an the da		
	220. SIGNATURE	lenny 1	1. (hase	м.	D. PHYS. 🔀 DI	ED. ST	AFF □ Ap	oril 17		b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	Henry V. C	hase l	M.D.		4 East Ch	urch Str	eet, Fr	ed., M	d.	
L	REMOVAL (Specify)	April 1	of 7,196			Cemetery	23d. LOCATION Freder	ick	Mar	(Storyland	e)
24.	M. R. Etc	s signature hison and	Son, I	Frederick,	Mary		D BY REGISTRAR		RAR'S SIGNAT		

DATEAPR 1 8 '61

TO HOSPITAL OR A VR A15 (4) 1SM 9/59

HIMES NO PRASITIONS 0.564 PARTEUR BOOK 121 ALC (C.C.) (bear 12 A. S. Stormer (12) (12) (12) (13) 141,1 the state of the s to detail the section of section which have to talk the section of the the state of the s

MEDICAL CERTIFICATION

23a

	•		LAND STATE	PEPARTM	ENT C								
	division of statistica	L RESEA	CERTIFICA	TE OF D	PRESTO		ET, BALT	MOR	E 1, MAF	() A 9	5,1		
18	PLACE OF DEATH . COUNTY Frederick		MARYLAND	a. STATE	1	laryl	.a.i.a	OUNTY	Fre	ederi			
	b. CITY OR TOWN (if outside corporate limit Thur Mont fur AI)	s,	25 yrs.	c. CITY C		(If outside c lurmo	orporete limits,	write RU		e neerest tov	vn)		
	d. NAME OF HOSPITAL OR INSTITUTION (i	f not in hos	pital, give streel address)	d. STREE	ADDRESS	RD	1			ON	ESIDENCE A FARM?		
3.	NAME OF First DECEASED (Type or print) Melv		0	lest Ters	*	4. DAT	-	Nonth ori.	1 23		61		
	male white	WIDOWE		8. DATE OF BIR	1,	1898	,	ay) M	onths Deys	Hours	Min.		
de	o. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retire Pader operator	106. KI	ed. Co.	7.0	aryla		or foreign cou	ntry)		J.S.A			
13.	Lemuel Bowers			14. MOTHER		NAME A Mic	hael						
15. (Ye	WAS DECEASED EVER IN U.S. ARMED FOR (If yes give we ror detes of so	CES? 16. Prvice) 21		INFORMANT Helen A		vers	Thu	dress MOI	nt, Mo	d. R	D 1		
	18. CAUSE OF DEATH Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	couse per	ine for (e), (b), end (c).	emm	Ras	re_				MIERVAL BETONSET AND			
	Conditions, if enty, which geverise to Immediate cause (e), stelling the underlying	6h	rovice by	pe teus	ion	J				gear	2		
ATION	PART II. OTHER SIGNIFICANT CONDIT	IONS CON		NOT RELATED TO	THE TERMI	NAL DISEA	SE CONDITION	GIVEN	IN PART 1(e)	PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO			
CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		CRIBE HOW INJURY OCCUR	ED. (Enter neture	of injury in	Pert I or Pe	rt II of item 18.	4.					
MEDICAL	20c. TIME OF INJURY Month, Dey, Yee Hour e.m. 19	While	Not While f	LACE OF INJURY actory, street, office	(Home, far e bldg., etc	m, 20f. (City or town)		(County)		(Stete)		
	21. I certify that (I) (this hospin saw the deceased alive on		7 /1	a death occu		19 6 ./.	om the cau		3, 1961, d on the				
	22c. PHYSICAL'S NAME (Type) James	frag K. G	ray	M.D. ATTENDI PHYS. 22d. AD	DRESS	MED. DIRECTOR CMONT	staff phys.	□ (April.	24-1	DATE SIGNED		
23a	Burial, cremation, 23b. date ther Burial 4-26-6.		Blue Ridge				ocation (cir nurmon				tete)		
24	HONERAL DIRECTOR'S SIGNATURE	read	ADDRESS Thurmont	, Md.		PR 2 6	istrar 2sb		TRAR'S SIGN				

1.78 finum shemanis 25 77 2 - 1 feete among the T m Idam to live a live and the common action and the common action and the common action and the common action actions and the common actions and the common actions are common actions and the common actions and the common actions are common actions are common actions and the common actions are common actions and the common actions are common actions and the common actions are common actions are common actions are common actions are common actions and the common actions are common actions and actions are common actions and actions are common actions are common actions and actions are common actions male . I mount to the control of the dening operations to be the countries of The looking relate A. Barers Churchert, Md. William mant for head of the 2324 284 Copies 23 - 61 - 1 - 26 61 Copies 23 41 Same of China to the Comment of the China to Lucial V. J.-26-61 - Lelwa Middle Or every - Chicacons, Maryland To be such that the state of th

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION

OF STATISTICAL KE	ESEARCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE I, MARTLAND
4262	CERTIFICATE OF DEATH	0425
	2. USUAL RESIDENCE (Where daceass	ad livad, If institution: Rasidanca before ad

1. PLACE OF DEATH 2. COUNTY Frederick	a. STATE Maryland b. COUNTY Fred	anca befora admission)
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporata limits, write RURAL and giv	
Knoxville	X Knexville	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	. IS RESIDENCE
Mountain Road	Mountain Road	YES NO
3. NAME OF First Middle DECEASED	Last 4. DATE Month De	y Year
(Type or print) Charles Daniel	Brown DEATH 4 15	1961
7. Makes Never Makes	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEA)	
Male Col. WIDOWED TO DIVORCED	? As birthday Months Days	Hours Min.
10a. USUAL OCCUPATION (Giva kind of work done during most of working life over if relived)	Y 11. BIRTHPLACE (County & Stata, or foreign country) 12. CITIZEN	OF WHAT COUNTRY
done during most of working life, even if ratired) Retired Chauffer Family service	Maryland U.S	. A .
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Rebert Brown	Ida Breeks	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	
(Yes, no, or unkown) (Ifyesgivawarordatasofservice)	r.Robert E.Brown, Knoxville, M	d.
1B. CAUSE OF DEATH [Entar only one ceuse per lina for (a), (b), and (c).]		NTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edems		12 hrs.
/10 / 1		TC III 2.
DUE TO		
Conditions, if any, which gave rise to immediate cause (b) Decompensated Co	ongestive Heart Failure	2 yrs.
(a), stating the underlying DUE TO		
causa last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING CRONTRIBUTING COURED OR CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER)	. (Enter natura of injury in Part I or Part II of item 1B.)	
20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, ' 20f. (City or town) (County)	(Stata)
Hour a.m. Whila Not Whila fact	ory, street, offica bldg., atc.)	
7	2-+ 6 .60 1-md 1 15 .6°	
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on April 15. 15. 19. 61 and that	10 to 10 june 19 00 tappen 15 june 19 00	that (I) (we) las
	death occured at	date stated above
22a. SIGNATURE	ATTENDING MED. STAFF	
		22b. DATE
	D. PHYS. DIRECTOR PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S	D. PHYS. DIRECTOR PHYS. 22d. ADDRESS Gum Spring Hollow	
22c. PHYSICIAN'S NAME (Typa) C.T. Byron Kao, M.D.	DIRECTOR PHYS. DIRECT	
22c. PHYSICIAN'S NAME (Typa) C.T.Byron Kao, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY	DIRECTOR PHYS. DIRECT	SIGNED (State)
22c. PHYSICIAN'S NAME (Typa) C.T.Byron Kao, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL 14-18-1961 Saint Ms	DIRECTOR PHYS. DIRECT	Signed (State)
22c. PHYSICIAN'S NAME (Typa) C.T.Byron Kao, M.D. 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 23c. NAME OF CEMETERY	DIRECTOR PHYS. DIRECT	(State) (State) ATURE

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FOR HEAL	STATE	T
		1
If any delay is necessary please 3 to the funeral directory bags may be retained for year files.	death.	0
death. If any delay is ne 2, and 3 to the funeral of age 5 may be retained if	n 72 hours afte	
oges 1, PM3. P	my event within	Ī

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

63 MEDICAL EXAMINER'S CERTIFI	

Reg. Dist. No. (1 🕮 💪 🔾 ()							
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before odmission) o. STATE Maryland b. COUNTY Frederick							
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick R.F.D.5							
d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)							
Brown April 17 Doy Year 61							
B. DATE OF BIRTH OVEMBER 20, 1921 9. AGE (In years of the property) Joseph Spring (In years of the property)							
TRY 11. BIRTHPLACE (State or foreign country) Frederick County 12. CITIZEN OF WHAT COUNTRY? U.S.A.							
14. MOTHER'S MAIDEN NAME Anna Crone							
rs.Richard Brown, Frederick R.F.D.5							
NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES A NO							
Enter nature of injury in Part I or Part II of item 18.)							
ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)							
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Not while of work 19 of work 19 of work 20d. INJURY OCCURRED Above, held an Autapsy 21. 1 certify that I toak charge of the remains described above, held an Autapsy 22d. Inspection 22d. Inquiry							
M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER April 17.1961							
Cemetery Frederick Md • 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE							
· DATE APR 2 0 '61 arthug 8 House							

TO DEPUTY MEDIC:: EXAMINER: This certificate should be executed within execute the certifice, writing the word "pending" in pendi in Item, 18. (4 should be farm, aded to the Chief Medical Examiner's Office along with TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, or its designated agent, priar to burial, crematian, ar removal, and in an VS. A15ME 5M 2/57

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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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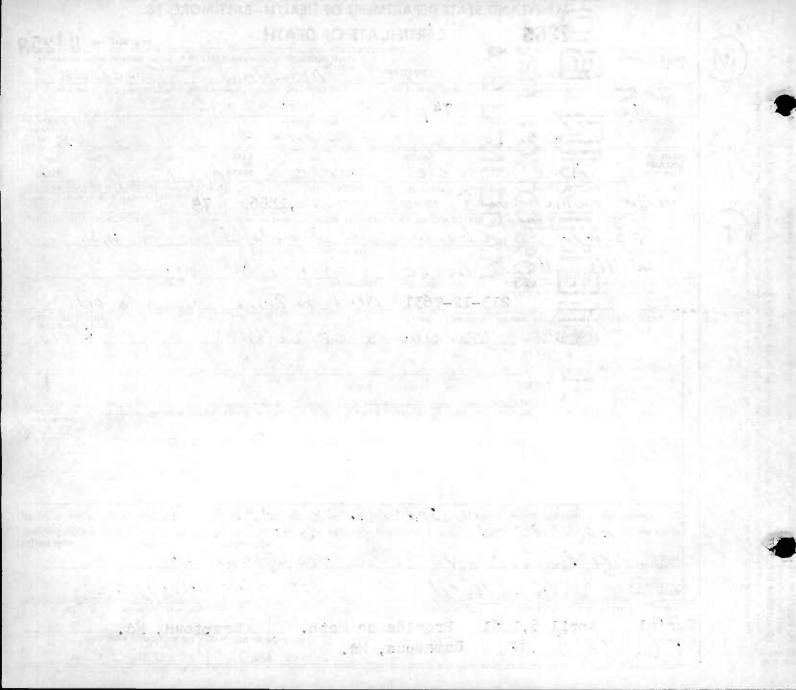
04257

)		COUNTY LOS	DERICK		MARY		O. STATE	E (Where dece		UNTY	ntgome	
		CITY OR TOWN (If RURAL ond give ne	outside corporate li	mits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	N (If outside co				
9	d.		AL (If not in hospital, REDERICK	dra . are	idress)	TOAL	d. STREET ADDRI	ESS	Monrov	ia		S RESIDENCE ON A FARM? ES NO
	DE	AME OF ECEASED ype or print)		ERIA	Middle E		BROWN	4. DA OF DE	TE ATH APR	Manth	Day	Year 19(. /
	S. SE	EMALE	6. COLOR OR RACI		DIVORCE		DATE OF BIRTH	1900	9. AGE (In lost birth	years IF UN idoy) Mont		UNDER 24 HRS lours Min.
		HOUSEL	ing life, even if retire	ed)	ND OF BUSINESS O	R INDÚSTI	MARY	LAND	gn country)	12.	CITIZEN OF W	HAT COUNTRY?
)		BRADI	£54	WATE	LINS	la= 100	14. MOTHER'S MAI	CCA		BURD E	TTE	
			R IN U. S. ARMED FC If yes, give wor or dates o		OCIAL SECURITY NO		allace	Burdet	te Mo	nrovi	a. Md.	
	CATION	Conditions, if or gave rise to it cause (o), stoting lying couse lost.	TH WAS CAUSED BY IMMEDIATE CAUSE DUE 1 Thy, which mediate the under-	(a) ACU (b) COR (c) ART (notitions co	ONARY 7	ARDILL HROM ROTIC ATH BUT N HROM	HEART OT RELATED TO THE	TERMINAL DIS	ASE SEASE CONDITION		ONSET	WAS AUTOPSY PERFORMED?
	L CERT	OR CONTRIBUTING	CAUSE OF DEAT MEDICAL EXAMINER	Year 20d. INJ	URY OCCURRED Not while	20e. PLAC	E OF INJURY (Homery, street, affice bld	e, farm, 20f.			(County)	(Stote
		21. I certify tha saw the deceas 22a. SIGNATURE		al) attende	d the deceased		4-5 ath accurred at		am the caus	es and an	9 <u>L1</u> , that the date st	(I) (we) lastated abave
0	7	22c. PHYSICIAN'S NAME (Type)	A. A. F	Vearre	re	М.	D. PHYS	DIRECTOR	rick,	Md.	4/	7/61
1		BURIAL, CREMATIO REMOVAL (Specify) BURIAL	4/9/61	EOF	23c. NAME OF CEM	da M	eth.	В	ocation (city,	gsvil	le, Ma	(Stote)
1/1	24. FI	UNERAY DIRECTOR	SISIGNATURE	inth	Damas	cus,	Md . DA	REC'D BY RE			S SIGNATURE	

12011 Brownsakhane Alversan . I il Ciff A PART OF THE REAL PROPERTY. 62 TO VE CHILDAY IN THE STATE OF DIRECT CONTRACT Water and the second second The same of the sa . bM . ctvorous . etdefens woo lies CELEBORAL PROPERTY prumpi , he, he y The table of the control of the cont eliterande kord de mande sandaes de la company de la compa The second of th

MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	
4265	CERTIFICATE	OF DEATH	

	7 124	4400	,	CERTI	FICA	E OF DEA	IH		Reg. Dist	No.	114	250
	PLACE OF DEATH a. COUNTY	Froderi	ck	MAR	rland 2.	o. STATE	(Where deceased	l lived. If instituti b. COUNTY	on: Residence			in)
	RURAL ond give	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY	1	c. CITY OR TOWN	Noutside corpor	rote limits, write R	URAL ond gi	ve neare	st town)	
	d. NAME OF HOSE OR INSTITUTION	Md Rout	- 17	ddress)	1	d. STREET ADDRESS Md. Rom			***		IS RESID	ARM?
	NAME OF DECEASED (Type or print)	Amos		Cole	B	urke	4. DATE OF DEATH	April Mon	th 4	Day		Sol .
5.	Male	6. COLOR OR RACE White	7. MARRI WIDOWEI	D DIVORCE		ph. 27,	1886	9. AGE (In years last birthday) 74 yrs.	Months [Hours	Min.
100	during most of we	TON (Give kind of work orking life, even if retired VM ex	done 10b. 1	Farm	OR INDUSTRY	11. BIRTHPLACE (S	tote or foreign co	ountry)	12.CITIZ	en of w	/HAT CO	UNTRY?
13.	FATHER'S NAME	liam Ha	zel	Burke	1.	EVELII	A .	Woo	d		No.	Ĭ.
15. (Ye	was deceasedes, no, or ynknown)	/ER IN U. S. ARMED FOR (If yes, give war or dates of s		-12-7631		s. Layra	Burke	Mon	ress revia	Mo	1,	
		immediate DUE TO] 0 rn 23	of C	olon			INTERV	AL BETY AND D	DEATH
CERTIFICATION	PART II. O			ONTRIBUTING TO DE					'EN IN PART		PERFOR	UTOPSY MED? NO
MEDICAL CE	20c. TIME OF INJU Hour a. m p. m.	Y MEDICAL EXAMINER) JRY Month, Day, Ye	While	JURY OCCURRED Not while at work	20e. PLACE factory	OF INJURY (Home, street, office bldg.,	farm, 20f. (City	or town)	(Co	ounty)		(State)
220		that I attended the April 1 W.B.	196, CV/	and that	death ac	gurred at 6 A	Address (St.	the causes an reet, city or town, in, SA	d on the state)	date s	tated	abave. signed
B	REMOVAL (Specifurial) FUNDERAL DIRECTO	April 6,	1961 th		dence	Meth.	Ke	mptown RAR 24b. REGI	Md STRAR'S SIGI			



hours after by the funeral TO HOSPITAL A STIENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 4 be retained by the hospital or attending physician.

TO FUNERAL INTERAL INTERACTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

9 VVVVVVVXVV

MARYLAND STATE DEPARTMENT OF HEALTH

DIVI	sion of statistical resi	CERTIFICATI	OF DEATH	N STREET, BALTIM	ORE 1, MARYL	114950
1. PLACE OF	F DEATH		2. USUAL RESIDEN	CE (Whare decessed lived,	f institution: Residence	before edmission)
a. COUNTY	Frederick	MARYLAND	e. STATE Mar	yland b. col	Freder	rick -
b. CITY OR	TOWN (if outside corporete limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporete limits, wr	ite RURAL end give no	eerest town)
	URAL and give nearast town)	Life	Brunswi	tale	30	
	OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS	LGK		. IS RESIDENCE
20	W ollows the		20			ON A FARM?
20 3. NAME OF	N Street First	Middle	20 H	Street Mor	ith Day	YES NO
DECEASE	D	Middle	Losi	OF	iii vay	
(Type or pri	WILLIAM		ampbell	DEATH	26	1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED 8.	DATE OF BIRTH	9. AGE (In yeer lest birthday		Hours Min.
Male	Coloredvipo	WED DIVORCED	9-27-1960	yrs.	Monins Deys	Hours Min.
1De. USUAL C done during m	OCCUPATION (Give kind of work nost of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		nty & State, or foreign country	12. CITIZEN OF	WHAT COUNTRY
None			Washingi	ton D.C.	U.S.A	
13. FATHER'S	Floyd Lester	Ragum	14. MOTHER'S MAIDEN	NAME		
	rioja hesber	DIOWIT	MTTT CT.	ed Chere Car	SPOSTT	
15. WAS DECE	EASED EVER IN U.S. ARMED FORCES? 1		Chere Camp	obell, Bruns		rland
geva rise (a), stetiņ ceusa lest.	pue to (b) to immediate cause the underlying (c) II. OTHER SIGNIFICANT CONDITIONS C		T RELATED TO THE TERMIN	-1.		WAS AUTOPSY PERFORMED?
2Da. ACCI OR CONTI (IF EITHER,	IDENT WAS UNDERLYING [] 20b. ERIBUTING [] CAUSE OF DEATH, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury in	Pert I or Pert II of item 18.)		
0	ır a.m. W		CE OF INJURY (Home, farm bry, street, office bldg., etc		(County)	(Stete)
saw the	rtify that (I) (this hospital) attended alive on	_ //	41	1964, to 4		e stated above
22a. SIGt	ATORE STATE	SSE M.		MED. STAFF PHYS.		SIGNET
22c. PHYS	SICIAN'S J.G.F.Smit	iln.	22d. ADDRESS	runswick, Mar	ryland	4/26/6
23a. BURIAL, REMOVAL BUri	CREMATION, 23b. DATE THEREOF (Specify)	Methodist		23d. LOCATION (City, I		(Stete)
	DIRECTOR'S SIGNATURE	ADDRESS	25a. REG	C'D BY REGISTRAR 256.	EGISTRAR'S SIGNATI	JRE
13 6		ck, Maryland	DATE	1841/ 4 104		DP - /
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PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WI O. STATE Maryle	here deceased lived. If institution b. COUNTY	Residence before admission) Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of Freder	outside corporate limits, write RUF	RAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street OR INSTITUTED) South Jefferson	oddress) Street	d STREET ADDRESS 327 Sc	outh Jefferson S	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED	Middle	Lost	4. DATE Month OF DEATH	Day Yeor 79 61
SEX 6. COLOR OR RACE 7. MAR		8. DATE OF BIRTH	Alore	FUNDER 1 YEAR IF UNDER 24 HR
Male White WIDOW				Months Days Hours Min.
. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
Retired Mail Carrier		Frederick	County Marylan	d U.S.A.
FATHER'S NAME		14. MOTHER'S MAIDEN		MA
Andrew J. Davis		Martha F.	. ??	
	SOCIAL SECURITY NO. 17, IF	NFORMANT	Addres	is
No (If yes, give war or dates of service)	None Mrs	. Maude M. Da	aria X27 S. Jeff	ferson St. Fred
			7-1 00 0023	INTERVAL BETWEEN
B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY:	ne for (0), (0), ond (c).)	1	10	ONSET AND DEATH
IMMEDIATE CAUSE (o)	eronay a	May Alker	osis with	1/2 Row
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Conditions, if ony, which	Deveralized	anterwood	noses	years
gove rise to immediate couse (a), stating the under-	8			9
lying couse lost.	Cerebral russes	ulan since de	A TOK Gener	10. 24ns
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	IN BART (o) 19. WAS AUTOPS
				PERFORMED?
20a. ACCIDENT WAS UNDERLYING T 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II of item 1B.)	
20a. ACCIDENT WAS UNDERLYING [] 20b. DES OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
	INTERPORT 20- PL	ACE OF INJURY (Home, form	205 (5)	(County) (Sto
Hour o. m. While	L.	ctory, street, office bldg., etc		(County) (Sto
p. m. 19 of wo				
21. I certify that (I) (this hospital) atten-	ded the deceased from	10	59. to 4-3-	_, 19.61, that (I) (we) la
		- ""		
saw the deceased alive on Years 1	IY_@!, and that a	death accurred ary	M, fram the causes and	on the date stated above
220. SIGNATURES	+	ATTENDING _ A	ED STAFF _	SIGN
Buy 16/1/a	un		IRECTOR PHYS.	4-4-61
22c. PHYSICTAN'S NAME (Type)		22d. ADDRESS	22 26 2 5 62	to The state of
Dr. Rex R. Marti	in 1	I.D. 220 Nor	th Market Stree	et Frederick,
BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY C	OR CREMATORY	23d. LOCATION (City, town, or	county) (Stote)
REMOVAL (Specify)	Mt. Olivet Ce		Frederick, Ma	
SUPIAL DIRECTOR'S SIGNATURE	ADDRESS			RAR'S SIGNATURE
P/ 10(1)00 0/		A forma	DD 4 0 104	Thur S. Krous
Makes at June 1611/1-	PI'MORTICK ME	TOVER DATE	m on a work	word s. / Halls

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 2 with. Page 4 may be retained to the spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon pagers. Pages 1 and 2 should be filled—with the State Board of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours after death. oth. Page 4 VR A1S (4) 1SM 9/59

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FOR STATE HEALTH DEPT TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is person, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BA

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 4268

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	1. PLACE OF DEATH					ESIDEN	CE (Where dece			dence before	edmission)	
	777	derick		MARYLAND	a, STATE	Mary	land	b. COUN	Frede	rick		
Н	b. CITY OR TOWN (i	f outside corporeta lim	its,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)							
	Knoxville-			Minutes	Frederick							
				pitel, give street eddress)	d. STREET ADDRESS 0. IS RESIE							
1	State High	way Route '	79		327 North Bentz Street							
	3. NAME OF DECEASED	First		Middle	Last		4. DATE	ey Ya	ar			
1	(Type or print)	JOHN		PARKINSON	DENN:	DENNIS DEATH			pril 11	19	61	
П	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED			. DATE OF BIRT	Н		AGE (In years lest_birthdey)	IF UNDER 1 YE		R 24 HR5.		
	Male	White	WIDOWE	DIVORCED	1 July 1	1913		17 yrs.	Months Day	s Hours	Min.	
	10a. USUAL OCCUPAT	ON (Give kind of wor	k IDb. KI	ND OF BUSINESS OR INDUSTR	RY 11. BIRTHPL	ACE (State	or foreign count	ry)	12. CITIZEN	OF WHAT	COUNTRY?	
	Truck Driv		Milk '	Transportation	Mar	yland			USA	1		
	13. FATHER'S NAME				14. MOTHER'S	MAIDEN	NAME					
Y	Isaac G.	Dennis			Ethel	J. W	eddle					
1	15. WAS DECEASED EV			SOCIAL SECURITY NO. 17.	INFORMANT		PED D	Address	V 2 10			
	No	70081101010101010101	21	4-10-2341 Mr	s. Bert:	ie V.	Dennis	(Same	as ite	m #2)		
1	18. CAUSE OF D	EATH [Enter only on:	a cause per li	ne for (e), (b), and (c).]						INTERVAL BE		
		H WAS CAUSED BY:	Thir	d Degree Burns	Over En	ntire	Body			Minu		
	1 824	- X DUE TO		20-18/2012			N. B. L. S. S.					
	Conditions, if any	, which) (b)										
-	geve rise to immedi (e), steting the u	DILL TO										
	cause last.) (c)							100			
	PART II. OTHER	SIGNIFICANT COND	TIONS CON	TRIBUTING TO DEATH BUT NO	OT RELATED TO T	HE TERMIN	NAL DISEASE CO	NDITION GIV	EN IN PART 1(e			
	TY.									YES T	ORMED?	
	PART 11. OTHER 200. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.		DESCRI	BE HOW INJURY OCCURED. (~		
		NIKIBUTING []	Larone	nontry cal			efplored		ceange	free	8	
	20c. TIME OF INJU	RY Month, Day, Ya		NJURY OCCURRED 200. PLA	CE OF INJURY	Homa, farm	n, 20f. (City o	r town)	(County)		(Stata)	
0	Hour a.m.	4/14 196	While at work	Not While Rose	tory, street, office	biog., oic.	Vetra	Illi 7	nden	of m	ret	
		at I took charge	of the rem	ains described above, he	eld an Autops	у 🗍	Inspection 5	(), Inquir	у 🔀 . а	nd in my	opinion	
	death resulted f	rom: Natural c	auses ,	Accident . Suic	ide H	omicide	, Unde	etermined m	anner 🗍			
					CHIEF	MEDICAL	EXAMINER [
)	ACTUAL SIGNATURE	13034	-	es-	M.D. ASSIST	ANT MED	ICAL EXAMINER			DATE SI	GNED	
9	EXAMINER'S					Y MEDICA	L EXAMINER		70	7.0	(3	
	NAME (Type)	B. O. Thor				ss (Streat, o	city, town, or co	unty)	10 1	lpr 190	ΣŢ	
	22a. 8URIAL, CREMATIC REMOVAL (Specify		EOF	22c. NAME OF CEMETERY O	R CREMATORY		22d. LOCATIO			(Ste	ite)	
	Burial	4-19-61		Mount Olivet	Cemeter		Freder		-		Total	
	23. FUNERAL DIRECTO		on Fr	ADDRESS	and	24e. REC	'D BY REGISTRA		STRAR'S SIGN		TELE	
	M. R. EU	curson & S	on, Fr	ederick, Maryl	and	DATE	R 1 9 '61	1 cm	Jac 1 70 1			

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	2603 CERT	ITICATE OF DEATH
1.	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY
_	Frederick	Maryland Frederick
A.	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	AY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	Frederick 4 days	Rural Route # 1 Frederick
	d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
L	Frederick Memorial Hospit	ON A FARM! YES NO [
3.	NAME OF First Mid	
13	(Type or print) Lewis Blaine	Fader DEATH April 23, 1961 19
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	RRIED 7 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H
	25 2 200 51	last birthady) Manths Days Hours Min
10		_ Aug • 27 , 1071 07
10	 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 	S OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR
	Ret. School Board Employee	Frederick, Maryland U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	Edward M. Eader	Fannie Heerd
1s	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	
	(es, no, or unknown) (If yes, give war or dates of service)	
	No 214-10-326	7 Mr. T. Robert Eader Rt.# 1 Frederick, Maryl
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and	(c).] INTERVAL BETWEEN
153	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Hemorrhage 5days
	DUE TO	Should
510	Canditions, if any, which (b)	У
0	cause (a), stating the under-	
	lying cause last. (c)	
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOF
CATION		YES NO
Ĕ	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY	Y OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (St
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. While Nat while	20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (Statement, 20f. (City ar tawn) (Statement, 20f. (City ar tawn) (Caunty)
ME	p. m. 19 at wark at wark	
	21. I certify that (I) (this hospital) attended the decease	ed fram 11410h 1 , 1948, to 1911, 123, 1401, that (1) (we) 1
	(14.1000	
		nd that death occurred otM, from the couses and on the date stated about
	22a. SIGNATURE	ATTENDINGMED STAFF \$22b. DATI
	J. G. Milling	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S	22d. ADDRESS
	Dr. B. O. Thomas, Str.	M.D. 228 North Market Street Frederick W
22		The state of the s
23	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF C	EMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
)	Buria 4-26-1961 Mt. Oli	vet Cemetery Frederick, Maryland
24	FUNERATORIECTOR'S SUGNATURE ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	Nobest Youlder & Frederi	ick, Maryland DATAPR 2.6'61
-	The state of the s	College J. Marie
_		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer a may be retained:

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the form

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e. IS RESIDENCE ON A FARM?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

22b. DATE SIGNED

(Stote)

YES NO

Yeor

1961

by 12 and filled Pages pletely papers. pup pau physician CO remave attending please per burial-transit physician has been certificate

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TO HOSPITAL OF RITENDING PHYSICIAN: The law requires that the death certificate be executed within bours after death. Page 4 to be retained by the hospital or attending physician.

TO FUNERAL DIXECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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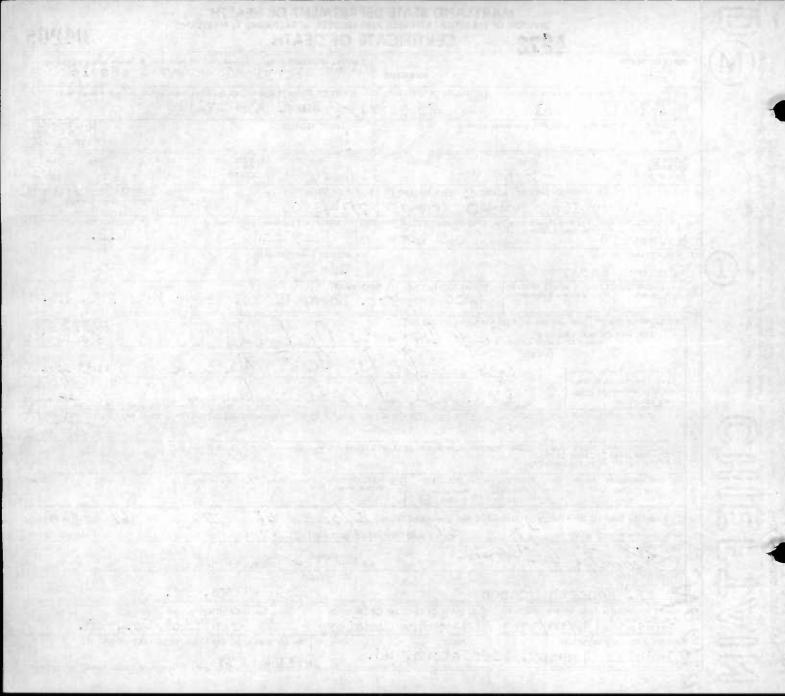
1. PLACE OF DEAT	н		2. USUAL RESIDEN	CE (Whare dacaass	ad livad, If institution	n: Rasidance l	bafora admission)
	ederick	MARYLAND	a. STATE Mar	yland	b. COUNTY	Fre	derick
writa RURAL an	(if outsida corporata limits, d giva nearast town) Tural	50 Vrs	c. CITY OR TOWN (I		limits, write RURAL	and giva near	rest town)
	TTAL OR INSTITUTION (if not in h	1 0	d. STREET ADDRESS	1110110	. 0.2 0.2	1.0	. IS RESIDENCE
Own F			RD	2			ON A FARM?
3. NAME OF DECEASED (Typa or print)	First Frank N	Middle Milton Eyler	Last	4. DATE OF DEATH	April 2	Dey	Year 19 61
5. SEX	6. COLOR OR RACE 7. MARR	IED TO NEVER MARRIED 8	DATE OF BIRTH		E (In years IF UNDE	ER 1 YEAR IF	UNDER 24 HRS.
male	white wow	/ED DIVORCED		893	birthday) Months		Hours Min.
dona during most of w	TION (Give kind of work orking lifa, even if ratired)	Factory	Y 11. BIRTHPLACE (Coun		gn country) 12.	U.S.	A •
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME			
Charle	s M. Eyler		Sara	h C. Sta	aub		
15. WAS DECEASED E	VER IN U.S. ARMED FORCES? 16	s. social security no. 17. 1 217-05-6321 Mr	and and	Eyler	Address	nt, Md	. RD 2
Conditions, if an gave rise to immer (a), stelling the cause last. PART II. OTH	diata causa undarlying DUE TO (c) ER SIGNIFICANT CONDITIONS CO	DUTRIBUTING TO DEATH BUT NO	osclerate to the termin severe		DITION GIVEN IN P	59	WAS AUTOPSY PERFORMED?
	VAS UNDERLYING (201. D G (CAUSE OF DEATH Y MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURED	. (Enter natura of injury in	Part I or Part II of it	am 18.)		
ZOc. TIME OF INJ Hour a.m.	URY Month, Day, Year 20c Wh 19	ile Not While fact	CE OF INJURY (Homa, farm ory, straat, office bldg., atc.		own) (C	County)	(Stata)
21. I certify	that (I) (this pospital) attended	anded the deceased from			hr. 2.		
saw the decea		7) and that	dearn occured ar.	m, from the	a causes and or	n ine date	22b. DATE
22c. PHYSICIAN'	James !	Gray. M			TAFF HYS.		SIGNED
NAME (Typ		cay /	Th	urmont,	Marylar	nd	
23a. BURIAL, CREMA	110N, 23b. DATE THEREOF	Blue Ridge			ont, Mar		(Stata)
21 TONERAL DIRECTO	or's signature Creas	ADDRESS Thurmont,		C'D BY REGISTRAR		S. Kraue	

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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after ath. Page 4	may be retained he haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fulheral directar,	page 3 should be detoched for use as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 shauld be filed with	the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death.	
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1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Myersville Rural 25 yea	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7					
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d, STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)					
3. NAME OF First Middle (Type or print) Cora Mae	Fisher 4. Date Month 7 1961					
s. sex 6. COLOR OR RACE 7. MARRIED NEVER MARRIED female White WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 1 YEAR IF UNDER 24 HRS. Address IF UNDER 24 HRS. IF UNDER 24 HRS. Address IF UNDER 24 HR					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife OWN home	U.S. 12. CITIZEN OF WHAT COUNTRY?					
13. FATHER'S NAME Joseph Early	14. MOTHER'S MAIDEN NAME Ada?					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	on Address of Reger Wills, Frederick, RFD, Md.					
1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate	his Heart Disease 1-2 yrs					
cause (a), stating the under. DUE TO blue alged	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES \(\text{NO} \(\text{NO} \)					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)					
	PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) actory, street, office bldg., etc.)					
21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 1112	deoth accurred g630M, from the causes and on the date stated above.					
22c. PHYSICIAN'S NAME (Type) Dr. Kenneth Henson	M.D. ATTENDING MED. STAFF PHYS. 22b. DATE SIGNED 22d. ADDRESS Middletown, Md.					
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (
24. FUNERAL DIRECTOR'S SIGNATURE Gladhill Company, Middletown, Mc	25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE APR 1 1 '61 Coming & Tomas					



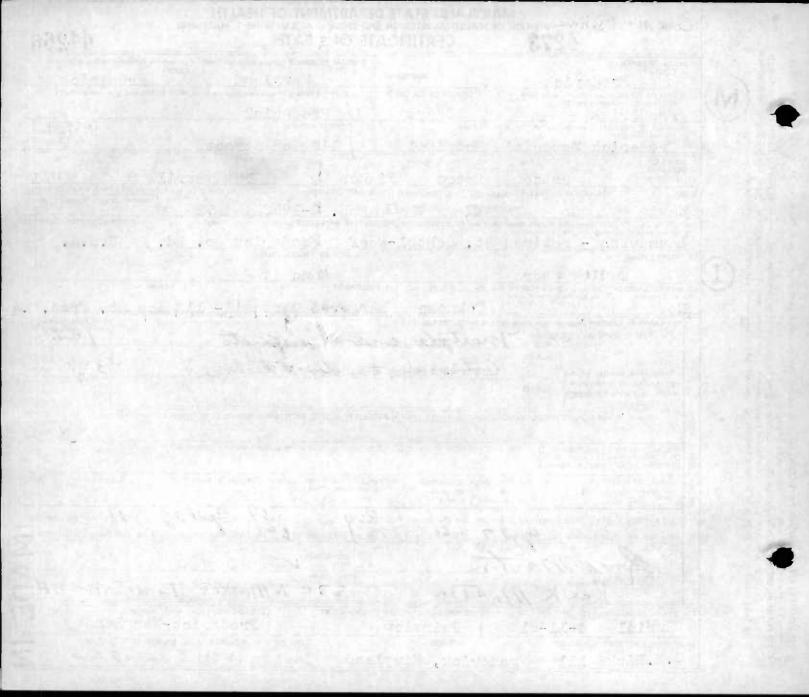
oth. Page 4

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1	0	18	-
4	7	h	6

	E OF DEATH					2. USUA		ICE (When	e decease	d lived. If institution	on: Residen	ce befor	re admiss	ion)
0.00	777 7	lerick			MARYLAND	0. 317	401, 601	aryl	and	b. COUNTY	Fre	der	ick	
	TY OR TOWN (If our RAL ond give neores		s, write	c. LENGTH OF	STAY IN 16	c. CIT	Y OR TOW	VN (If out	side corpo	prote limits, write R	URAL and	give nea	rest town	1)
	rederick			6ds	IVS	111	Fred	deri	ck					
d. NA	AME OF HOSPITAL (If not in hospital, gi	ive street	oddress)		d. ST	REET ADD				- 100	- 1	e. IS RES	IDENCE FARM?
	rederick	Memori	al	Hospit	al		113	Ice	Stre	et				NO
3. NAM DECE	E OF	Fire	st-		Middle		Last		4. DATE	Man	th	Da	у `	Year
	or print)	Grace		Moore	F	isher			DEATH	April	. 8			1961
5. SEX	6.	COLOR OR RACE	7. MARE	RIED NEVER	MARRIED _	B. DATE O	F BIRTH	100	100	9. AGE (In years last birthdoy)	Months		-	
Fem	ale	C	WIDOWI	EDITA DI	VORCED [Feb.	2-1	1838		72 yrs.	Months	Doys	Hours	Min.
10o. USL	JAL OCCUPATION (Give kind of work d	lane 10b.	KIND OF BUSIN	NESS OR INC	USTRY 11. B	IRTHPLACE	E (State or	foreign c	ountry)	12. CIT	ZEN OF	WHATC	OUNTRY
	undress			St. Sch	1001-	Deaf	Fre	eder	ick	Co. Md.		U.S	.A.	
13. FATH	IER'S NAME					14. MO	THER'S MA	AIDEN NA	ME					
77	Dudl	ev Moor	e				Anna	9 ?						
	DECEASED EVER IN	U. S. ARMED FOR	CES? 16.	SOCIAL SECURI	TY NO. 17	INFORMAN'	1			Add	ress			
No.	ar unknown) (If ye	s, give war or dates of se	ervice)	Unknow	m 1	Warga	cet (Cart	nail	- 115 1	Ice S	t.	Fre	d . 1
-	CAUSE OF DEATH	Enter only one co	use per li									INTE	RVAL BE	TWEEN
	PART I. DEATH	WAS CAUSED BY: MEDIATE CAUSE (6)	n	rulting	1. 00	nelma	al ,	P	- ct	_		ONS	ET AND	
	420.0	DUE TO		9			1	1						
Co	anditions, if ony,	which)	4	terios	dini	er 1	Dia	td	isea	200		13	420	no
go	ove rise to imm	ediate (3	40
	use (o), stating the ng couse last.	under-												
Z =	PART II. OTHER	SIGNIFICANT CON	DITIONS	CONTRIBUTING	TO DEATH B	UT NOT RELA	TED TO TH	IE TERMIN	AL DISEAS	E CONDITION GIV	EN IN PAR	T 1(o) 1	9. WAS	AUTOPSY
CATION				3111			363			Lavia -				RMED?
CERTIFI OB (IE E	ACCIDENT WAS U CONTRIBUTING [] EITHER, NOTIFY MED	NDERLYING CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW IN	IURY OCCUR	RED. (Enter n	oture af in	jury in Po	ort I ar Poi	rt II of item 18.)			,	
WEDICAL 20c.	TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	20d. II While of wor			PLACE OF IN factory, stree			20f. (Cit	y ar tawn)	(Caunty)		(Stote
21.	I certify that () (this haspital) attend	ded the dece	eased fran	alva		. 195	Y. 10	april 8.	, 19.6	5/. th	at (1) (we) las
	w the deceased		1 1				curred a	the an	V. fram	the causes an				
	. SIGNATURE		/	/	dila ilia	deally dis	001100		77, 07, 071					b. DATE
	Mux	11ma	the	n		M.D. PHY	ENDING	MED	CTOR	STAFF PHYS.				SIGNED
22c.	PHYSICIAN'S NAME (Type)					22d.	ADDRESS		1-		1	8		11
	MAME (type)	ex R/	MA	2/12		2	20	NI	MARI	KeT Ta	pd RA	316	1<,/	VH
23a. BUI	RIAL, CREMATION,	23b. DATE THEREO	F	23c. NAME C	F CEMETERY	OR CREMAT	ORY	2	23d. LOCA	TION (City, tawn,	ar caunty)		(Stat	te)
REA	QYAL (Specify)	4-11-61		Fai:	rview				Fre	derick-l	Mary.	land	d	
24. FUN	ERAL DIRECTOR'S SI	GNATURE		ADDRESS	NO U		25	So. REC'D	BY REGIS		STRAR'S SI			
C.	E. Hicks	111 F	red	erick,	Mary	land	DA	ATE A	PR 11	'61 (Irlhun	8. K	Assa	- 7



FOR STATE HEALTH DEPT.

TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office elong with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as burlal-transit permit. File pages 1 and 2 with the State Board of Health or its designated egent, prior to burlal, cremetion, or removal, and In any event within 72 hours effer death.

VS. A15ME 5M 7/59

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	427	74 MEDI	CAL	EXAMIN	ER'S	CERTII	ICAT	E OF D	EATH		0/	196	being
	OF DEATH				1	2. USUAL	RESIDEN	CE (Where dece			donce	56438	dission
e. COU		rederick		MARYL	AND	a. STATE	Penn	a.	b. COUN	All	eghe	eny	V
	OR TOWN (if ou	tside corporete limits,		c. LENGTH OF STAT	Y IN 1b	c. CITY O	R TOWN (f outside corpore	ete limits, write	RURAL end g	ve ne	erest tow	n)
	derick	e nearest town)		Dav			West	Miffli	n		7	5 X	-3
		OR INSTITUTION (if n	ot in hosp		ss)	d. STREET					1	e. IS RE	SIDENCE
Fran	cis Scot	t Key Hote	11			42	06 Gr	een Spr	ings Av	renue			NO Z
3. NAME DECE		First		Middle		Last		4. DATE	Month		Dey	Yeer	
(Type o	r print)	LEWIS		ALBER		GEORG	E	OF DEATH	Apri	1	9,	19	61
5. SEX	6.	COLOR OR RACE 7	MARRIED	NEVER MARRIED	□ B.	DATE OF BIRT	Ή	9.	AGE (In yeers	IF UNDER 1 YE		UNDER	
Male		TITL 2 4 -	VIDOWED			arch 8,	1897		64 yrs.	Months De	ys	Hours	Min.
		(Give kind of work g life, even if retired)		OF BUSINESS OR	INDUSTR	11. BIRTHPL	ACE (State	or foreign count	ry)	12. CITIZE	NOF	WHAT C	OUNTRY
Cust	odian	g me, even il remed,	Pub	· Schools		Pe	nna.				USA		
13. FATHE	R'S NAME				1	14. MOTHER	MAIDEN	NAME		-			-
	J	ohn S. Geo	orge				Mary	Bowser					
		U.S. ARMED FORCE		OCIAL SECURITY NO). 17. II	NFORMANT			Address				
(Yes, no, o	r unkown) (If yes	give wer or detes of serv	17	1,_11,_3963	Mr	s. Mary	S. C	eorge-S	ama as	Item #	2		
1 18. C	AUSE OF DEA	TH [Enter only one ca	use per lir	ne for (e). (b). end (c)		De mond		.002 60 2				VAL BET	WFFN
	PART I. DEATH W						a.C.				ONSE	T AND D	DEATH
1		EDIATE CAUSE (e)	Rup	tured my	ocar	dla1 1	nfarc	tion		40, 1	W	ins	
	720	DUE TO								77			
Condi	tions, if eny, w	hich (b)											
	rise to immediate	> DIJE TO											
(a), si	teting the under	Tying											
_		ONIFICANT CONDITION	NS CONT	PIRLITING TO DEATH	A BLIT NO	T DELATED TO	THE TERMIN	VAL DISEASE CO	NOITION CIVI	N IN DART 1	11 10	WAS A	LITORSY
5	AKI II. OTHER SIG	SMIRICAMI COMBINE	ANS COIN	INBUTATO TO DEATH	- DOI NO	I KELATED TO	ILLE LEKWII	AL DISEASE CO	ANDITION GIVI	an in PART (67.	PERFO	RMED?
3											YES	X	NO [
CERTIFICATION CAUS	EXTERNAL CAUSE		. DESCRIE	BE HOW INJURY OCC	CURED. (E	nter neture of Ir	jury in Per	t I or Pert II of it	em 1B.)				
	E OF DEATH.												
	TIME OF INJURY	Month, Dey, Yeer	20d. It While			CE OF INJURY			r town)	(County	')	1	(Stete)
MED	Hour e.m.	19	et work	Not While et work	1041	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
21 I		I took charge of	the rema	ains described abo	ove. he	d an Autop	sv X	Inspection 1	, Inquir	v [X].	and in	my o	oinion
		n: Natural caus	-	Accident .	Suici		omicide		etermined ma			,	
dean	1 resulted from	n: Natural caus	es W.	Accident []	Surci				ster milled in	allilet [
		1 000 1				CHIEF	MEDICAL	EXAMINER					
ACTU	JATURE	20/100	22	uas_	_	M.D. ASSIS	TANT MED	ICAL EXAMINER			DA	TE SIG	NED
- 100	MINEDIC					DEPUT	Y MEDICA	L EXAMINER			1. /	10/1	067
	E (Type) B.	O. Thomas	s, M.	D.		Addre	ss (Street,	city, town, or co	unty)		4/	TOVI	.901
		226. DATE THEREOF		22c. NAME OF CEMI	ETERY OR			22d. LOCATIO		or country)		(Stete	0)
Buria	VAL (Specify)	Apr.13,19	67 .	efferson l	Vem.	Park		Pittsh	nirg	35		Pa.	
	RAL DIRECTOR	Whi eri	O-L 0	ADDRESS	a can e	T CAST IF	24e, RFC	'D BY REGISTRA		STRAR'S SIGN			
		. C	Tage da		7			PR 11 '6		Irihur S			
M. H.	Luchis	on & Son.	rede	TICK. Mar	ATGUE	l l	DATE	ME II I I O		Durman D.	1 Was	A CARL	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CEPTIFICATE OF DEATH

0/1962

		2663		CEKTIFI	CAI	E OF DE	AIR				A A	200	
1.	PLACE OF DEATH o. COUNTY Frederick			MARYL	g STATE	ence (what		d lived. If institu b. COUNT	v	derick			
]	RURAL and give ne	autside corporate limit arest tawa) RD#7	s, write	6 Years	V 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Frederick-Rural RD#3					give nearest	town)	
]	d. NAME OF HOSPIT OR INSTITUTION PEDETICK	AL (If not in hospitol, gi County Chro	If not in hospitol, give street oddress) unty Chronic Hospital			d. STREET ADDRESS Lewistown						e. IS RESIDENCE ON A FARM? YES NO A	
	NAME OF DECEASED (Type or print)	Firs ELSIE		Middle LAMOR		HAHN		4. DATE OF DEATH		April	3,	Yeor 19 61	
	emale	TID AL.	7. MARR	RIED NEVER MARRIED		DATE OF BIRTH 29 Sept			9. AGE (In years last hirthday) 44 yrs	Months		UNDER 24 HRS ours Min.	
00		ing life, even if retired)		KIND OF BUSINESS OR At Home	INDUST				ryland		JSA	HAT COUNTRY	
3.	FATHER'S NAME John Leas	e				Joseph							
	WAS DECEASED EVE	R IN U. S. ARMED FORG	rvice)	social security no.		n M. Ha	11.5		as item	dress #2)			
7	Conditions, if a gove rise to it cause (a), stating lying cause lost.	the under-				()		lete		N/SALIN BAL	77 1/10 1	WAS AUTORSY	
CERTIFICATION				CONTRIBUTING TO DEAT						IVEN IN PA	F	PERFORMED?	
CAL	(IF E)THER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yeo	r 20d. II	NJURY OCCURRED 2	20e. PLAC	E OF INJURY (F	Home, farm	, 20f. (Cit	y or town)	(County)	(Stote	
MEDI	21. I certify that (I) (this haspital) attended the deceased fram Live 1946, to 45. 1961, that (I) (we) saw the deceased alive an 45. 1961, and that death accurred 3:20M, fram the causes and an the date stated about 1961.										(I) (we) last rated abave 22b. DATE 1961		
230	NAME (Type)	H. F. Kline		D.	TERY OR	7 N.			, Freder		Maryla	and (Stote)	
	Burial (Specify)	4-6-61		Fairmount				Libe	rtytown,	Mary.		(3,0,0)	
24.	M. R. Etc	hison & Sor	n, Fr	rederick, Ma	ryla	nd		D BY REGIS	lad.	GISTRAR'S SI		A	

EXENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer the hospital or oftending physicion.

OR: After this certificate has been signed by the ottending physician and completely filled in by the relationship or the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be the contract of the property of the please remove carbon papers. TO HOSPITAL OR AT MOY be retained TO FUNERAL DIRECT

h. Poge 4

VR A1S (4 1SM 9/59

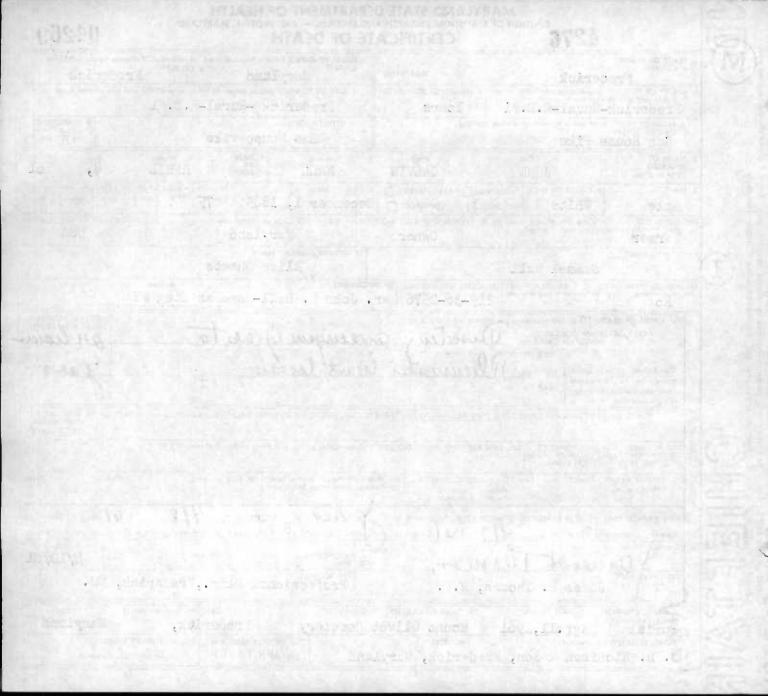
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VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Freder	rick	.0 4	MARYLANE	o. STAT		100	l lived. If institution b. COUNTY			
b. CITY OR TOWN (If outs RURAL ond give nearest Frederick-Ru	c. LENGTH OF STAY IN 18		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Frederick -Rural-R.D.#1							
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Gas House Pike					d. STREET ADDRESS Gas House Pike e. IS OF					
3. NAME OF DECEASED (Type or print)	JOHN		Middle CALVIN	I	Lost HALL	4. DATE OF DEATH	APRI		8, Yeor 61.	
		7. MARR	RIED NEVER MARRIED DIVORCED	B. DATE OF Decemb		1885	9. AGE (In years birthdoy) yrs.	Months Doy	AR IF UNDER 24 HRS s Hours Min.	
10a. USUAL OCCUPATION (Conducting most of working life Farmer	Give kind of work d ife, even if retired)	one 10b.	KIND OF BUSINESS OR INI Owner	OUSTRY 11. BI	RTHPLACE (Stor	e or foreign coryland	ountry)	12. CITIZEN	OF WHAT COUNTRYS USA	
13. FATHER'S NAME	amuel Hal		14. MOT	14. MOTHER'S MAIDEN NAME Alice Sheets						
15. WAS DECEASED EVER IN (If yes, NO. of unknown) (If yes,	U. S. ARMED FORC	and and		informant	п Н. На	11-Same	as Item	11 -		
Conditions, if ony, v gove rise to imme cause (o), stoting the u lying cause lost.	diote DUE TO	OITIONS C	LILLIM ATIC	Lear UT NOT RELAT	ED TO THE TERM	MINAL DISEASI	E CONDITION GIV	VEN IN PART 1(o	19. WAS AUTOPSY PERFORMED? YES NO	
PART II. OTHER SI	CAL EXAMINER)	r 20d. II	CRIBE HOW INJURY OCCUR NJURY OCCURRED 20e.	PLACE OF INJ	URY (Home, far office bldg., e	rm, 20f. (City		(Coun	ty) (State	
21. I certify that (I) saw the deceased 220. SIGNATURE 22c. PHYSICIAN'S		lo	nor,	death acc	NDING A	PM, fram MED. DIRECTOR	11	nd an the do	that (I) (we) lass the stated above 22b. DATE 4/10/61	
23a. BURIAL CREMATION, 2 REMOVAL Specify) Burial	Apr.11,1		Mount Olive		tery		CRAR 255 REGI		(Stote) (laryland	
		n, Fr	rederick, Mar	yland		APR 11 '		when S. Th		



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

4 . 6 . 1	CERTIFICATE OF BEATT
e de la	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	a. COUNTY Frederick Maryland b. COUNTY Carroll
oe fi	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
Pl Pl	RURAL and give nearest town) Frederick Rural, Mt.Airy R. D. 2
ff book (1/ C	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
22 5	Frederick Memorial Hospital at Watersville 06 x - ON A FARM?
in and	3. NAME OF First Middle Last 4. DATE Manth Day Year OF
24 lied if the	OF (Type or print) Etta LULA HATFIELD OF DEATH April 20, 1961
thin I'y fi	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
S. Fire filer	Female White widowed Divorced Jan. 12, 1886 75 yrs. Manths Days Haurs Min.
unter In a diameter of the second of the sec	10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPIACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
od u	None during most of working life, even if retired) None ——— Maryland U. S. A.
be of report of 72	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
# : : : : : T	George F. Hatfield Elizabeth A. Owings
physician physic	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes, give war or dates of service)
nding pease re	Mrs. Thomas Linton, Same as # 2
eath endi leas any	1B. CAUSE OF DEATH [Enter anly ane cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
in patter	PART I. DEATH WAS CAUSED BY: Courte Covering thrombosis 9 days
the the The ond	14.20 O DUE TO
the lay	(Canditions, if ony, which) (b) arterior level Heart Disease 5 mg 7
gned gned smay	gave rise to immediate cause (a), stating the under-
an. sign sit bar sit bar re	lying cause last. (c)
sici beer fron pn, o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
ph)	Justes mellitus
ling by	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UITE EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
ifice the di, od, od,	
r at cert cert buri	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. While Nat while factory, street, affice bldg., etc.) (Caunty) (State)
r to	Haur a. m. p. m. 19 While at wark at wark factory, street, affice bldg., etc.)
NG Spiriter A fo prior	21. I certify that (1) (this haspital) attended the deceased fram april 1 1961, to april 20, 1961, that (1) (we) last
S: Ail	saw the deceased alive an 19 1961, and that death accurred 6125AM, from the causes and an the date stated above.
H de de	22a (SIGNATURE 22b.DATE 22b.DATE STAFF PHYS. DIRECTOR PHYS. 20 Apr 61 SIGNED
REG Bed J of	
oard oard	22c. PMYSTE(AN'S NAME (Type) Honry W Change M D
RAI sho	Henry V. Chase, M. D. 4 E. Church St., Frederick, Md.
HOSPII noy be r FUNER age 3 sl	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)
The off	Burial 4-22-1961 Poplar Springs Roward Co., Maryland
- 18	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR'S SIGNATURE C. M. Walter Wineral and Marry and
VR A15 (4) 1SM 9/S9	C. M. Waltz, Winfield, Maryland DATEAPR 25'61 Century & Kinese

150 Rest is well in the Rest Jan. 12. 1866 Note: Whomes Manager and Land Biological Co., Presidentes Santages - dibrert Co., Harrigan The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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		N	h
his certificate has been signed by the attending physician and campletely filled in by the tuneral director,	use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with	(
in by th	and 2 sh	2	
ely filled	Pages 1	death.	
camplete	papers.	to burial, crematian, ar remayal, and in any event, within 72 hours after death.	
cian and	carban	thin 72 h	
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certifical	e as the	burial, c	
his	US	2	

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

TO HOSPITAL OR A TENDING PRINCIPLE AND THE PROPERTY OF THE PRINCIPLE After this page 3 shauld be detached for uthe State Board of Health prior to

VR A15 (4) 15M 9/59

4278	CERTIFICA	IE OF DEATH		UEGOL
1. PLACE OF DEATH 6. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary land	here deceased lived. If institution b_county	an: Residence befare admission)
b. CITY OR TOWN (If autside carporate limits RURAL and give nearest town)	s, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF a	autside corporate limits, write R	RURAL and give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, gir OR INSTITUTION	ve street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	ospital	926 Ponti	ac Ave.	YES NOTE
3. NAME OF First DECEASED (Type or print)		Last	4. DATE Mor	
Donati		Hoffman B. DATE OF BIRTH	9. AGE (In years	
36-3 - 73-11	7. MARRIED NEVER MARRIED	4/10/24	lost birthday) 37 yrs.	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work during mast of working life, even if retired) Steam fitter	Ft. Detrick	STRY 11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		U.S.
Merhle Hoffman				
5. WAS DECEASED EVER IN U. S. ARMED FORCE	CES? 16. SOCIAL SECURITY NO. 17. IN	Edith E	TZIET Add	ress
(Yes, no. or unknown) Yes (If yes, no. or doles of ser	rvice) 017 10 1970	Mrs. Catherine		Same.
18. CAUSE OF DEATH [Enter only one cou			1 1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	allon near	VERLATUIA.	1 nt tu	ONSET AND DEATH
153.1 DUE TO		Col		2 113
Canditians if any which		(-64(on	
gove rise to immediate			OR PLANTS AND	
lying square last				
PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	PERFORMED?
A ACCIDENT WAS INDEPLYING TO	204 DESCRIPTE HOW IN HURY OCCUPAN	D (F-1 1 6 1 1 1	Post I as Post II of Stars 19 \	YESY NO
	20b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port ar Part ar Hem 16.)	
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m.		ACE OF INJURY (Hame, form ctory, street, office bldg., etc		(County) (State)
21. 1 certify that (I) (this hospital) saw the deceased alive an 4/2			* h()	19_61 that (I) (we) last
220. SIGNATURE OR COLUMN	(S Down	ATTENDING M	NED. STAFF	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) F. S. Dama	azo. M.D.	22d. ADDRESS	d St., Freder	ick. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOI REMOVAL (Specify)	F 23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, tawn,	
Burial 4/23/196			Frederick	Maryland
24. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison and S	on, Frederick, Mar	yland DATE		ISTRAR'S SIGNATURE

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No resource				
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A CONTRACT				
	13/61/1			
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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_		- 100 B 45								,	-	- 13
	o. COUNTY Fre	derick		MAR		USUAL RESIDENCE (Vo. STATE Maryla	111	ed lived. If institut b. COUNTY				ision)
F	b. CITY OR TOWN RURAL ond give r rederick	(If outside corporate limits nearest town) #7	, write	3 Years	IN 1b	c. CITY OR TOWN (III		orote limits, write l	RURAL and	give ne	grest tow	m)
	d. NAME OF HOSPI OR INSTITUTION Montevue	TAL (If nat in hospital, gi	ve street	address)		d. STREET ADDRESS	ast Th	ird Stree	t		ON	SIDENCE A FARM?
	NAME OF DECEASED (Type or print)	First GEORGE		MASHIN		HOUCK	4. DATE OF DEATE	мо	pril	12	ay	Yeor 1961
	sex Male	6. COLOR OR RACE White	7. MARR			ATE OF SIRTH	91	9. AGE (In years last birthdoy) 9 yrs	Manths	Doys	R IF UNE Hours	DER 24 HR Min.
100	during most of wo Retired L	ON (Give kind of work drking life, even if retired) aborer	-	KIND OF BUSINESS Oundry	OR INDUSTRY	Brucevil				SA	F WHAT	COUNTRY
13.	FATHER'S NAME	71 3-				MOTHER'S MAIDEN						
	Theodore					Maggie S.	E. Sho					
	NO NO	ER IN U. S. ARMED FORC (If yes, give war ar dates of se	vice)	SOCIAL SECURITY NO		W. Houck,	Sr.		item	#2)		
	Conditions, if gove rise to couse (a), stoling lying couse lost	immediate the <u>under-</u> (c)		0		el Info						nui
CATION	PART II. OT	THER SIGNIFICANT CONE	OTTONS C	CONTRIBUTING TO DI	EATH BUT NO	TRELATED TO THE TER	MINAL DISEA	ASE CONDITION GI	IVEN IN PA	RT 1(0)	PERF	ORMED?
CERTIFI		AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRED. (E	nter noture af injury i	in Part I or Pa	ort af item 18.)				
MEDICAL	20c. TIME OF INJU Havr o. m. p. m.	RY Month, Doy, Yea 19	while	NJURY OCCURRED Not while at work		OF INJURY (Home, fo street, affice bldg., e		ity or town)		(County)	(Stot
		at (1) (this haspital)	attend			h accurred 5 45	AM, fran					(we) la
	22a. SIGNATURE	HTKL	ice	-	M.D.	ATTENDING THYS.	MED. DIRECTOR	STAFF PHYS.	13	Ap	r 19	61 SIGNE
	22c. PHYSICIAN'S NAME (Type)	H. F. Kline	е, М.	. D.		7 N. Marl	ket St	., Freder	ick,	Mar:	ylan	d
23c	BUTIAL CREMATI	ON, 23b. DATE THEREO 4-15-61	F	Mount O				ATION (City, town, derick, M			(Ste	ate)
24.	M. R. Etc	R'S SIGNATURE hison & Son	Fre	ederick, Ma	aryland		PR 1 4		SISTRAR'S S			

TO HOSPITAL OR ATEXNDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offect ath. Page 4 may be retained to attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the lymeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours ofter death. VR A1S (4) 1SM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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	2660	CEKTIFIC	AIE OF DE	AII			0 4200
1. PLACE OF DEATH a. COUNTY Fre	derick	MARYLAN		NCE (Where decease aryland	ed lived. If institution b. COUNTY		
Frederick	If outside corporate limits, write earest town)	c. LENGTH OF STAY IN 1		OWN (If outside corporation of the corporation of t	orate limits, write R	RURAL and give	nearest town)
d. NAME OF HOSPIT OR INSTITUTION Frederick	TAL (If not in hospital, give street: Memorial Hospi	t oddress) ital	d. STREET AD 308 Upp	er College	e Terrace	1	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First MABEL	Middle IMOGENE	JACOBS	4. DATE OF DEATH	Mon 4 A	pril	Day Year 22, 1961
s. sex Female	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED VED DIVORCED	35 0/	1886	9. AGE (In years last birthday) yrs.	Months Doy	
oa. USUAL OCCUPATION during most of wor Self-emplo	ON (Give kind of work done 10king life, even if retired)	o. KIND OF BUSINESS OR IN Practical Nurs	se Mar	yland	country)	USA	OF WHAT COUNTRY
George M.	Heim			Gunkle			
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		enformant deorge M. J		000 Rosett rederick,		• ,
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o), (b), and (c).]	um T	limb	vzij		NTERVAL BETWEEN DISET AND DEATH
Conditions, if a gove rise to i cause (a), stating lying cause last.	immediate (8				8
_	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIV	VEN IN PART 1(a	19. WAS AUTOPS' PERFORMED? YES XX NO
(IF EITHER, NOTIFY	AS UNDERLYING 20b. DE	SCRIBE HOW INJURY OCCU	RRED. (Enter nature of	injury in Part I or Pa	art II of item 18.)		
20c. TIME OF INJUI Hour o. m. p. m.	Whil		PLACE OF INJURY (He factory, street, office	ome, form, 20f. (Cit bldg., etc.)	ty or town)	(Coun	ity) (Stat
	at (I) (this haspital) atter						
22c. PHYSICIAN'S	Farman E	Stone	M.D. ATTENDING PHYS. 22d. ADDRES		STAFF PHYS.	24	Apr 61 IGNE
	Thomas E. Stone	e, M. D.		rd St., F	rederick,	Md.	
23a BURIAL, CREMATIC REMOVAL (Specify Burial		23c. NAME OF CEMETER Mount Olive			erick, Ma		(Stote)
24. FUNERAL DIRECTOR M. R. Etc	enison & Son, F:	ADDRESS rederick, Mary		250. REC'D BY REGIS		Istrar's signa	

TO HOSPITAL OR PTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after that. Page 4 may be remained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the Nomeral director, page 3 should be detached far use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs afta

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CVC 50 HTARO TO STANDINGS OF DEATH 4 A TOTAL OF THE PARTY OF THE PROPERTY OF THE PARTY OF THE A STANTINGERHEIM LEDIE en control control of the Marie Carlo Control Control of Co Unit cally , where State , to all the affects of the

MARYLAND STATE DEPARTMENT OF HEALTH 28 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	2.02.	CERTIFICA	IL OI DI					リエム・サ
1	PLACE OF DEATH c. COUNTY Frederick	MARYLAND	2. USUAL RESID	ence (When	re deceased lived.	If institution: COUNTY F	Residence bel	fare admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Frederick	c. LENGTH OF STAY IN 16	111	own (If our	tside corporate limi CK	ts, write RURA	L ond give n	earest town)
	d. NAME OF HOSPITAL (If not in haspital, give street 828 North Market Street	address)	d. STREET AI		th Market	Stree	t	e. IS RESIDENCE ON A FARM? YES NO A
3	NAME OF First DECEASED (Type or print) HARRY	Middle	JOHNSC		4. DATE OF DEATH	Month Ap		2, 1961
S	SEX 6. COLOR OR RACE 7. MARI WIDOW	THE THE THE THE THE THE THE THE	B. DATE OF BIRTH		9. AGE	111111111111111111111111111111111111111	onths Days	AR IF UNDER 24 HRS. Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of wark dane 10b. during most of working life, even if retired) Retired—District Manager	kind of Business or Indus relephone Co.	-		r foreign country) k, Maryla		USA	OF WHAT COUNTRY?
1	John J. Johnson		Mary G		ME			
			s. Pauli	ne A.	Keegan,	8400 Hyatts	llanda ville,	le Drive, Md.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO S-USSE	loru THE TERMIN	ach al Disease COND	ITION GIVEN		19. WAS AUTOPSY PERFORMED?
		CRIBE HOW INJURY OCCURRE						
	20c. TIME OF INJURY Month, Doy, Year 20d. I Hour a. m. While at wor	Not while fac	ACE OF INJURY (I tary, street, affice		20f. (City or tawn)	(Count)	y) (State)
	21. I certify that (I) (this haspital) attends aw the deceased alive an 2	ded the deceased fram19(a), and that d	Foliath accurred	35A	M, fram the co	11		that (I) (we) last te stated above.
	22a. SIGNATURE Liquides # Corol 22c. PHYSICIAN'S	cy)	M.D. PHYS.		STAF		24	Apr 61 SIGNED
	NAME (Type) Charles H. Con	ley, Jr.	228 N	. Mar	ket St.,	Freder	ick, M	ld.
2	3d. BURIAL, CREMATION, 23b. DATE THEREOF BURIAL (Specify) 4-25-61	Mount Olivet			23d. LOCATION (Ci Frederic		2 .	(State)
2	4. FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, F:	ADDRESS rederick, Maryl	and	2So. REC'D		25b. REGISTR	AR'S SIGNAT	

eral director, may be retained. We haspital ar ottending physician. **5 FUNERAL DIREC OR:** After this certificate has been signed by the attending physician and completely filled in by the two page 3 should be detached far use as the buriol-tronsit permit. Then pleose remove carban papers. Pages 1 and 2 shauld the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 haurs after death. may be retained TO FUNERAL DIRECT VR A1S (4) 1SM 9/S9

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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1	1		4282		CEKTIFICA	A I E	OF DEATH				(1) =	411
1)		PLACE OF DEATH					USUAL RESIDENCE (Wh	ere decease		n: Residence	befare admi	issian)
		a. COUNTY	ederick		MARYLAND		o. STATE Marvla	nd	b. COUNTY	Frede	erick	
			If autside carporate limits,	write c. LEN	GTH OF STAY IN 16		c. CITY OR TOWN (If o	-9 50 5-5	orate limits, write RL	M - W - V - V		~n)
		Freder			Life		Frederic	k	11			
7			TAL (If nat in haspital, give	street address)		d. STREET ADDRESS				ON	A FARM?
1		Frederick	Memorial Ho	spita		5	12 Trail Av	renue			YES	NO [
		NAME OF DECEASED	First		Middle		Last	4. DATE OF	Mont	th	Day	Year
	-	(Type or print)	MILD	RED			LEASE	DEATH	Apri		28	1961
	S. :	SEX	6. COLOR OR RACE 7	MARRIED _	NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years last birthday)	Months D		T
		Female	White "	VIDOWED 🗌	DIVORCED [No	vember 2, 1	.877	83 yrs.	Months D	ays Haurs	s Min.
1	100		ON (Give kind of work dar rking life, even if retired)	ne 10b. KIND C	OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (State	ar fareign o	cauntry)		N OF WHAT	COUNTRY
		House-w		a	t home		Maryland	1		US	SA	
	13.	FATHER'S NAME				14	. MOTHER'S MAIDEN N	IAME				
		Robert	L. Lease				Mary Sh	neeter	nhelm			
		WAS DECEASED EV	ER IN U. S. ARMED FORCE		SECURITY NO. 17.	INFOR			1305 Lake	stide !	lve.	1750
	Te	No No	(If yes, give war or dates of servi		ne Mr	79.	Helen Barth	wolon	Raltimore	. Mary	vland	
	F	+	ATH Enter anly ane cause				1102011 1002 01		200000000000000000000000000000000000000		INTERVALI	BETWEEN
			ATH WAS CAUSED BY:				71				ONSET AN	ID PEATH
		000	IMMEDIATE CAUSE (a)_		Cenelle	e e	In our Do	813			7.5	days
		334	DUE TO				Throm bo				2	
		Canditians, if		a	Henr 1		lein					
		cause (a), stating	\ DUE TO									
		lying cause last										
	NO NO	PART II. OT	THER SIGNIFICANT CONDI	TIONS CONTRI	BUTING TO DEATH BU	וסא זנ	RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART 1	(a) 19. WAS	S AUTOPSY FORMED?
1	CATION	100000									YES [□ NO 🔯
-	TIF	20a. ACCIDENT W	AS UNDERLYING 1 20	Ob. DESCRIBE H	OW INJURY OCCUR	RED. (E	nter nature af injury in I	Part I ar Pa	ert II af item 1B.)			
	CERT		Y MEDICAL EXAMINER)									
	CAL	20c. TIME OF INJU	RY Manth, Day, Year	20d. INJURY			OF INJURY (Hame, farm		ty ar tawn)	(Ca	unty)	(State)
	MEDICAL	Haur a.m.	19	While at wark a	IGI WILLE	actary,	street, affice bldg., etc.	.)				
	>	p. m.	3000				A 8 40	2	1 12	C /		
			at (I) (this hospital)									
			sed glive on	u/251	9 61, and that	deat	h accurred at 10:	/////fram	the causes an	d an the		
		22a. SIGNATURE	010	0 0			ATTENDING MI		CTAFE		3	22b. DATE SIGNEI
			4.1Mo	berl	un	M.D.		RECTOR [PHYS.	May 1.	1961	
		22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					
		(Type)	Louis R. Sch	oolman	M.D.		810 Tollho	ouse 1	Ave., Free	d. Md.		
į	230	BURIAL CREMATI	ON, 23b. DATE THEREOF		NAME OF CEMETERY	OR CR	EMATORY	23d. LOC/	ATION (City, town, o	ar caunty)	(St	tate)
3		REMOVAL (Specify Burial			ount Olivet				ederick		arvlan	,
	24	FUNERAL DIRECTO			ADDRESS) UE		D BY REGIS		STRAR'S SIGN	Designation of the last of the	10
0						**	1041					
		M. R. Etc	hison and So	n, Fred	derick. Man	CYLa	and DATE A	3 0	Cirl	hun 8. 12	catil	

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aften has pital ar ottending physician. TO HOSPITAL OR

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04276

1. PLACE OF DEATH o. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Whe a. STATE Ma:		COLINTY -	derick	1)
b. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) FIRE CORTICK	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou		a first that make	jive nearest tawn)	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Frederick Memorial H		d. STREET ADDRESS RD 2			e. IS RESID ON A F. YES 1	ARM?
3. NAME OF DECEASED (Type or print) HAZEL	Grace N	LEWIS	4. DATE OF DEATH	APRIL	Day Yes /3 19	61
s. sex Female 6. COLOR OR RACE 7. MAR White Widow		B. DATE OF BIRTH 4-19-1897	9. AGE last	(In years IF UNDER Manths yrs.	1 YEAR IF UNDER Days Haurs	24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of wark dane 10b. during mast of warking life, even if retired) Employee	KIND OF BUSINESS OR INDU Shoe Factory		_	12. CITI	U.S.A	
13. FATHER'S NAME Peter Gilbert		14. MOTHER'S MAIDEN NA	Snook			84
		Nathan L. Le	ewis	Address Thurmo	ont, Md.	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (c)	A 4		- DISEMS		5-6 ye	TOPSY MED?
PART II. OTHER SIGNIFICANT CONDITIONS DIAGRETUS 20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	MELLITUS SCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Po	art I ar Part II af ite	em 1B.)	YES 🗌	NO S
20c. TIME OF INJURY Month, Day, Year 20d. Hour a. m. White of wa	Nat while fo	ACE OF INJURY (Hame, farm, ictary, street, affice bldg., etc.)) (0	Caunty)	(State)
21. I certify that (1) (this haspital) attended with the deceased alive an 4/12. 220. SIGNATURE Cichard C. Reynomer Richard C. Richard C.	19 <u>C</u> 1, and that	M.D. ATTENDING ME PHYS. 22d. ADDRESS		suses and an the	22b.	DATE SIGNED
23d. BURIAL, CREMATION, 23b. DATE THEREOF 4-16-61	23c. NAME OF CEMETERY C		23d. LOCATION (CI	ity, tawn, ar caunty) OWN Fred	(State)	Md.
24. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS Thurmont,	Md • DATE APP		25b. REGISTRAR'S SIG	4 -	

od Caronanda Carona Car

VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND (14277

a. COUNTY	Frederick	MARYLAND	a. STATE Md.	E (Whare dacaasad livad, If i b. COUN		ore admission)
write RURAL and Foxvi	le	c. LENGTH OF STAY IN 16 Lifetime	Foxville	outside corporate limits, write (Lantz P. C		town)
d. NAME OF HOSPITA	AL OR INSTITUTION (if not I	n hospital, giva streat addrass)	d. STREET ADDRESS			IS RESIDENCE
Ov	n Home					NO D
3. NAME OF DECEASED (Type or print)	First		EWIS	OF April	. 29.I961	Yaar 19
5. SEX	6. COLOR OR RACE 7. MA	ARRIED NEVER MARRIED B	. DATE OF BIRTH	9. AGE (In years ast birthday)		NDER 24 HRS.
Female	1871- 4 4s -		ept.24.1883	7 yrs.	Months Days Hou	ırs Min.
1Da. USUAL OCCUPATION dona during most of work House Wil	ON (Give kind of work king life, aven if retirad)	Own Home	ry 11. BIRTHPLACE (County Frederick.		U.S.A.	AT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	AME		
Silas (. Smith		Anna M. W	olf		
	R IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address		
(Yes, no, or unkown) (If	/asgive war or datas of sarvica)	220-I6-II23	Mrs Hattie	Lewis. La	ntz. Md	
IB. CAUSE OF DI	ATH [Enter only one cause	per lina for (a), (b), and (c).]			INTERVA	L BETWEEN
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (a)		cclusion			tent
420.1	DUE TO				200	
Conditions, if any,		Auricular I	Fibrillation	n	3	Wis.
gava risa to immadia (a), stating the un	DITE TO					
cause last.) (c)	Arterioscl	erotic Card	iovascular :	Disease :	10 Yrs
PART II. OTHER		CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINA		EN IN PART 1(a) 19. W	AS AUTOPSY ERFORMED?
PART II. OTHER PART II. OTHER 206. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED		rt I or Part II of item 18.)		
ZOc. TIME OF INJUS Hour a.m.			ACE OF INJURY (Homa, farm, tory, streat, office bldg., atc.)	2Df. (City or town)	(County)	(Stata)
		atlended the deceased from.				
-0	d alive on	19.5.]., and that	dearn occured at	,M, from the causes	and on the date s	22b. DATE
228. MGHATURE	In Ales	2/ N	I.D. PHYS.	D. STAFF	4-29-	CARALER
22c. PHYSICIAN'S NAME (Type)	arles F. He	ess M.D.	22d. ADDRESS Smiths	burr, Md.		
23a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	MAY 2-19	Mt.Bether		23d. LOCATION (City, lovem • Nr • Garfi		(Stata)
24 FUNDAY MUSTICE	S MGNATOCH eager		nt Md. 250. REC'	BY REGISTRAR 256. REC	SISTRAR'S SIGNATURE	
The state of the	or corcer	7	DATE	- · · · · · ·	A Theres	

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	2400 OERII 16A	IL OI DEATH
	1. PLACE OF DEATH o. COUNTY Frederick MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Frederick
"	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Middletown-Rural LENGTH OF STAY IN 1b Sinte August-1960	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Prederick**
90	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) Valley View Nursing Home	d street address 600-A Taney Avenue e. Is residence on a FARM? yes \(\) No \(\)
	3. NAME OF First Middle DECEASED (Type or print) NORA EMMA	LIPPY DEATH April 11, 19 61
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED E White WIDOWED DIVORCED	B. DATE OF BIRTH 9 Dec 1880 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) yrs. Months Days Hours Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during most of working life, even if retired) House—work Own Home	11. BIRTHPLACE (State or foreign country) Monrovia, Maryland 12. CITIZEN OF WHAT COUNTRY USA
-	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Jeremiah Kelley	Margaret Burrall
	OV	ss E. Louise Lippy (Same as item #2)
	18. CAUSE OF DEATH [Enter only one cause per line (\$r\$ (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (o), stoting the under-lying cause last. (c) The state of DEATH BUSINESS AND CONTRIGINATION OF DEATH BUSINESS.	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS)
	Relumatoria well	PERFORMED? YES NO C. (Enter noture of injury in Port I or Port II of item 18.)
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED 20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e. PLA foc	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased framsaw the deceased alive an	leath accurred 3:05 M, from the causes and an the date stated above
	22c. PHYSHCIAN'S NAME (Type) James B. Thomas, M. D.	ATTENDING MED. STAFF PHYS. 13 Apr 1950 PHYS. 22d. ADDRESS 22d. ADDRESS 228 N. Market St., Frederick, Maryland
	230. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BERNAUS (Specify) 4-15-61 Mount Olivet	R CREMATORY 23d. LOCATION (City, town, or county) (State)
R	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M. R. Etchison & Son, Frederick, Maryl.	and DATE APR 17'61 25b. REGISTRAR'S SIGNATURE

ENDING PHYSICIAN: The law requires that the death certificate be be hospital at otherwing physician. TO HOSPITAL OR A

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

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1. PLACE OF DEATH o. COUNTY Frederi	ck	MARYLA	0	SUAL RESIDENCE (Wh. STATE Marylar		b. COUNTY	residence bef	
b. CITY OR TOWN (If outside cor RURAL and give nearest town) Frederi		c. LENGTH OF STAY IN	V 1b C	CITY OR TOWN (IF .	utside corporote li Bartho		RAL ond give no	earest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION	hospitol, give street			RFD #1	Mt. A			e. IS RESIDEN ON A FAR YES NO
3. NAME OF DECEASED (Type or print)	First E	welyn Middle	Lug	enbeel	4. DATE OF DEATH	Anxi	/ /	Year 19 (
s. sex 6. color Wh1		RIED NEVER MARRIED		re of Birth	9. Ac		Months Doys	R IF UNDER 24 Hours N
10a. USUAL OCCUPATION (Give kindering most of working life, ever Housewife	d of work done 10b. n if retired)	Own Home	INDUSTRY	I. BIRTHPLACE (Stote				SA
13. FATHER'S NAME	D 1		14.	MOTHER'S MAIDEN N				
Franklin G. IS, WAS DECEASED EVER IN U. S. A		SOCIAL SECURITY NO	17 INFORA		Jane H	Addre		
	r or dates of service)	none		ry Adams	, Balti			
Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO (b) DUE TO (c) CANT CONDITIONS (ype Tens	TH BUT NOT	wasen	lar dis	NDITION GIVE	N IN PART 1(o)	19. WAS AUTO
PART II. OTHER SIGNIFIC 20a. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE ((IF EITHER, NOTIFY MEDICAL EX	OF DEATH!	CRIBE HOW INJURY OCC	CURRED. (En	er noture of injury in f	Port I or Port II of	item 1B.)		YES NO
20c. TIME OF INJURY Month, Hour o. m. p. m.	Doy, Year 20d. I While of wor	Not white		F INJURY (Home, form street, office bldg., etc.		wn)	(County	r) (5
21. I certify that (I) (this saw the deceased alive	1in. 1	ded the deceased for 2 1966, and t	//	accurred at 935	M, fram the			
220. SIGNATURE	V. Ch	ose	M.D.		ED. ST RECTOR PH	AFF IYS.	ap	22b. DA SIC
22c. PHYSICIAN'S NAME (Type) Hen	ry V.	Chase	2	4 E. Ch	urch	St.	Frede	rick
23g. BURIAL, CREMATION, PREMOVAL (Specify) 4/	16/61	23c. NAME OF CEMET	Chape		23d. LOCATION		r county)	(Stote)
24. FUNERAL GIRECTOR'S SIGNATUR	Tolesuntt	ADDRESS Damasci		25a. REC'	D BY REGISTRAR R 1 8 '61		TRAR'S SIGNAT	

oth. Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 3th. Page 4 may be relatined to the spital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the twineral director, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death. VR A1S (4) 1SM 9/59

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seral director, be filed with ath. Page 4 TO HOSPITAL OR ANTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to assist the control of t VR A15 (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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4287	CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH a. COUNTY Frederick	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland b. COUNTY Frederick
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Frederick	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Frederick
d. NAME OF HOSPITAL (If not in haspital, give street of OR INSTITUTION 24 Winchester Str		d. STREET ADDRESS 24 Winchester Street e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
3. NAME OF First DECEASED (Type or print) Helen	Martha Luhn	Last 4. DATE Month Day Year OF DEATH April 8, 1961 19
5. SEX 6. COLOR OR RACE 7. MARR Female White WIDOWE		B. DATE OF BIRTH 9. AGE (In years last birthday) 1 FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. during most of warking life, even if retired) Housewife	KIND OF BUSINESS OR INDU	Frederick County, Maryland U.S.A.
13. FATHER'S NAME George William Smith		14. MOTHER'S MAIDEN NAME Martha Foreman
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		r. Charles B. Luhn Frederick, Maryland
MMEDIATE CAUSE (a) A GO DUE TO	hor silen	rsis Ap. 10 yrs
CATIC		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in Part I or Part II of item 18.)
ZOc. TIME OF INJURY Month, Day, Year 20d. In Hour a. m. 19 While at work	Not while fac	LACE OF INJURY (Hame, farm, actary, street, affice bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this haspital) attend saw the deceased alive an Feb. 22.	19 <u>61</u> , and that a	death accurred at PM, from the causes and an the date stated above. 22b. DATE ATTENDING C MED. STAFF SIGNED
22c. PHYSICIAN'S NAME (Type) Dr. R. L. Michel		M.D. PHYS. DIRECTOR PHYS. 22d. ADDRESS W.D. Frederick Shopping Center Frederick, Md
23o. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	
Burial 4-11-1961 24. FUNERAL DIRECTOR'S SIGNATURE Mobile Lailey fr.	Mt. Olivet Ce ADDRESS Frederick, Ma	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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oth. Page 4 may be retained to the haspital or attending physician.

2 FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the trineral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon pagers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR AV

VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Fr	ederick		MARYLAND	O STATE		ere deceased	lived. If institution b. COUNTY		before odmis derick	sion)
b. CITY OR TOWN (IF RURAL ond give ne Frederick		ts, write	c. LENGTH OF STAY IN 16	c. CITY O		outside corpore	ote limits, write F	RURAL ond giv	re nearest tow	n)
	AL (If not in haspital, g	ive street			ADDRESS	Carroll	Street		ON	SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fir JOHN		Middle W.TLLTAM	MA	Lost AY	4. DATE OF DEATH	Apri		Day	Yeor 19 61
s. sex	6. COLOR OR RACE	,	RIED NEVER MARRIED DIVORCED D	Jan. 2		5	P. AGE (In years lest birthday)	IF UNDER 1	YEAR IF UND	ER 24 HRS.
10g. USUAL OCCUPATIO		dane 10b.	KIND OF BUSINESS OR IND		IPLACE (State	or foreign courselyland		12. CITIZE	EN OF WHAT	COUNTRY?
13. FATHER'S NAME	William R.	May		14. MOTHER	Lau	vame ura Amb	rose			
1S. WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war or doles of s			Informant Ir. Carl	C. May	y-R.F.I	.#7, Fr		k, Mar	yland
Conditions, if or gave rise to in couse (a), stating the lying couse lost.	the under-	·)	Myocaco		4		CONDITION GI	VEN IN PART	1(o) 19. WAS	OKWED?
20c. TIME OF INJURY Hour o. m. p. m. 21. certify tha	19	ar 20d. I While at wor	Not while	PLACE OF INJUR factory, street, of	Y (Home, farm fice bldg., etc	20f. (City	ar tawn)	0 1961	unty) _, that (I)	(State)
22c. PHYSICIAN'S NAME (Type)	H. F. KL	ine		M.D. ATTEND PHYS. 22d. AD	ING M DI DRESS	ED.	STAFF PHYS. Fred		4/12/6	OL DATE
23a. BURIAL, CREMATIO REMOVAL (Specify)	Apr •13,		23c. NAME OF CEMETERY Methodist C			The second second	istown,	or county)	Maryl	
M. R. Etch:		Fre	derick, Maryl	and		D BY REGISTE		ISTRAR'S SIGI		

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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CEPTIFICATE OF DEATH

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50	1. PLACE OF DEATH o. COUNTY 2. USUAL o. STA	RESIDENCE (Where deceased lived. If institution: Residence before admission)
X	Frederick	Maryland Frederick
N		OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	Middletown Rural	Frederick
10		EET ADDRESS e. IS RESIDENCE ON A FARM?
10	Valley View Nursing Home	
	3. NAME OF First Middle	Last 4. DATE Month Day Yeor
	(Type or print) ERNEST LINWOOD MY	ERS DEATH April 27 19 61
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF	8IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Doys Hours Min.
	Male White WIDOWED DIVORCED June	-1 -0
	10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. 81	RTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
		Maryland USA
7	13. FATHER'S NAME	HER'S MAIDEN NAME
7	Mahlon Luther Myers	Martha Virginia Leather
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17, INFORMANT	lulfdridge Road
	No 220-16-1404A Mrs. He	len M. Aldridge Catonsville, Maryland
	18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: Generalize & arteri	o Scherosia
	1450.0 DUE TO 1	
	Conditions, if ony, which gave rise to immediate DUFTO	Lure
	gave rise to immediate cause (a), stating the under-	
	lying cause lost. (c) Chemia	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO SECOND (Drawing)	YES NO W
	200 ACCIDENT WAS LINDERLYING TO 120h DESCRIBE HOW INTURY OCCURRED. (Enter no	ture of injury in Part I or Port II af item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	fasters street	IURY (Home, form, 20f. (City or town) (County) (Stote) office bldg., etc.)
	Hour o. m. While Nat while at wark of wark	
	21. I certify that (I) (this hospital) attended the deceased fram. apr	20 10/, to apr 27, 196/, that (1) (we) last
	saw the deceased alive an CAN 2 6 196/, and that death occ	surred at 1:10PM om the causes and on the date stated above.
	22a. SIGNATURE	22b. DATE
1	Lemen Horp M.D. PHYS	DIRECTOR PHYS. April 28,1961
/	NAME (Type)	ADDRESS
	J. Elmer Harp M.D.	Middletown, Maryland
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATOR REMOVAL (Specify)	DRY 23d. LOCATION (City, Iown, or county) (Stote)
1	Burial 1/29/1961 Mount Olivet Cemet	
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
-	M. R. Etchison and Son, Frederick, Maryland	DATEMAY 1 '61 Cirthur S. Kraus

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DENDING PHYSICIAN: The law requires that the deoth certificate be executed within the haspital ar attending physician. TO HOSPITAL OR A VR A1 1SM

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by the funeral hours after Then please remove carbon papers. Pages I and overtened in any event, within 72 hours after deap TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 be retained by the hospital or attending physician.

Yellow To Funeral Directors: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 5 be filed with the State Dept. of Health prior to burial, cremation, or remover and in any event, within 72 hours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04982 4200

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1. PLACE OF DEATH	rederick			YLAND		ESIDENC		ceesed lived, If	institution:			
	(if outside corporate limits, d giva neerast town)	1	LENGTH OF ST	AY IN 1b	c. CITY OF	TOWN (II	f outside corpo	orete limits, write	RURAL	nd give r	eerest tov	vn)
Brunsw			Life		Bruns		<u>c</u>		3	3		
	ITAL OR INSTITUTION (if no		al, give street add	dress)	d. STREET			139905.3				A FARM?
535 Br	unswick Str	reet			535 E	runs	wiek	Street		1	YES	NO包
3. NAME OF DECEASED (Type or print)	James		Middle B.	Myers	Sr.		4. DATE OF DEATH	Month	23	Day	Yea 19	61
5. SEX	6. COLOR OR RACE 7.	MARRIED	NEVER MARRI	IED B.	DATE OF BIRT	Н	9.	AGE (In yeers]			R 24 HR5.
Male	White w	/IDOWED	DIVORC	ED 5	-20-18	385		75 yrs.	Months	Deys	Hours	Min.
De. USUAL OCCUPAT	TION (Give kind of work orking life, even if getired)		O OF BUSINESS C					foreign country)				COUNTRY?
	Tocomo Line	Engi	incer B			rland			U.	S.A	•	
13. FATHER'S NAME				F11	14. MOTHER'S	MAIDEN	NAME					
15. WAS DECEASED EV	VER IN U.S. ARMED FÖRCES (If yes give war or, dates of servi	7 16.50	OCIAL SECURITY		FORMANT			Bayler Address unswic		ryl	and	
	DEATH [Enter only one cau TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	1)	for (a), (b), and		bec	10.1	wars.				SET AND	
Conditions, if engage rise to Immed (a), stelling that cause lest.	diate cause undarlying DUE TO	AR	torio	selo	ortea	h	EARS	4/16			10 4	gus.
PART II. OTHE	er Significant conditio	NS CONTR	RIBUTING TO DEA	TH BUT NOT	RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFO	AUTOPSY ORMED? NO
OR CONTRIBUTING	VAS UNDERLYING 20 G CAUSE OF DEATH Y MEDICAL EXAMINER)	Db. DESCR	IBE HOW INJURY	OCCURED.	Enter natura of	injury in F	Pert I or Part II	of itam 1B.)				
20c. TIME OF INJU Hour a.m. p.m.	URY Month, Day, Year	20d, IN. While at work	JURY OCCURRED Not While at work		E OF INJURY (I			or town)	(Co	unty)		(State)
	that (I) (this hospital)	attende	d the deceas	ed from and that	death occur	ed at	19	the causes			te state	(we) last ad above.
22e. SIGNATURE	188 E	in	M	M.D	ATTENDIN	G	ÁED.	STAFF PHYS.		4.	2 V -	SIGNED
22c. PHYSICIAN'S NAME (Type		FM			22d. ADD	RESS			~~~ ====	/		1
230. BURIAL, CREMAT	100, 236. DATE THEREO		Saint					rsvill			and	State)
24 FUNDRAL DIRECTO	RES SIGNATURE		ADDRESS C, Maryl			25e. REC		RAR 25b. RE		SIGNAT		

RECEN Party of the control the date of the court and the second of the second of the Addition the Comment of the rest of the second of the seco 2805-08-2 . T. T. M. S. . . DRAFTER O.S. F. RECTION SWIFFEREN DECITION supplied and many good english with the terms of the transition of the terms of manuscript for -1-1-1 and the control of the state of A FA FARE Sommittee, to gotten de MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

292	CERTIFICATE O	F DEATH

Reg. Dist. No. 04285

1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
VECAPRICE.	maryland thederick
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
tredirick 5 days	Dural, Walkersville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION,	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Fred Meyorge Horavital	YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) HARRY EDGARR	AMSBURG DEATH april 4 1961
5. SEX 6. COLOR OR RAGE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS.
m WIDOWED DIVORCED	Feb. 23 1883 lost birthday) Months Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	
during most of working life, even if retired)	mariel
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jan O O O	14. MOTTER 3 MAIDEN NAME
Marshall O. Jamsburg	Mary Ellen Ogle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address
no - /1)	has Harry Romeshing Welkersville RI M
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
4/90 V DUE TO	and the same
1100	
Canditions, if any, which gave rise to immediate (b)	
cause (a), stating the under-	
lying cause last. (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	were & congestive heart failure YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTION 20b	D. (Enter noture of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Hame, form, 20f. (City or lawn) (County) (State)
Hour o. m. 19 While Not while for at work at work	ctory, street, office bldg., etc.)
111.00	1960, to 4/4 196/ that I last saw the decease
21. I certify that I attended the deceased from. 41.15	
alive on 19 a., ond that death	occurred ot 3.30 AM, from the causes and on the date stated above
ACTUAL	ADDRESS (Street, city or town, state) DATE SIGNED
	M.D. Walherande, nad 4/5/61
PHYSICIAN'S SAME E E CT. TES IN	
NAME (Type) - AWES E. SIONEK, JR	
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF	R CREMATORY 22d. LOCATION (City, town, or county) (State)
Burio april 6, 1961 Int. Clivet	Frederick md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
y C. Barton Walkersidle	Mal DATE APR 7 '61 Chilling S. Kraus
/	11667

AU HEALTH BA		WASTE STORY
TE OF DEATH	CERTIFICIA	
The second second		
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Andrew State of State of State of		
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		Constitution and a second second
		A CAMERA MANAGEMENT OF THE PARTY OF T
		A CONTRACTOR OF THE CONTRACTOR

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

4293

ERTI	FICA	TE O	F DE	ATH

04986

1 2000					
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Who	ere deceased lived. If institut b. COUNTY		re admission)
Frederick	MARYLAND	Maryla		Frederic	ck
b. CITY OR TOWN (If outside corporate limits,	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write l	RURAL ond give nea	arest town)
RURAL and give nearest town) Frederick		R. F. D.	#1. Thurmont		
d. NAME OF HOSPITAL (If not in hospital, give	street address)	d. STREET ADDRESS	77 22 4 11002 11012 0		e. IS RESIDENCE
Frederick Memorial Ho	enitel	Utica			ON A FARM? YES NO
3. NAME OF First	Middle	Last	4. DATE Mo	-4 5	
DECEASED			OF		, ,-
(Type or print) MEHRL	HENCH	RAMSBURG			6 19 61
S. SEX 6. COLOR OR RACE 7	· MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Days	Hours Min.
Male White w	VIDOWED DIVORCED [November 17,	1896 64 75		, min.
10a. USUAL OCCUPATION (Give kind of work dor	ne 10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTRY?
during most of working life, even if retired)		Marylan	d	USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N		0.511	
		07.000	A T Street		
William S. Ramsbur		INFORMANT	A. J. Stup	Proce Tr D	// 7
(Yes, no, or unknown) (If yes, give wor or dates of servi					#1
No	M	r. Mehrl H. Ra	msburg Jr.,	Thurmont,	Maryland
18. CAUSE OF DEATH [Enter only one cause	e per the for (o)) (b), and (c).]	20 /			ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	Surverch	hen	marker 8		6 days
330V DUE TO	V - 0 - 1 - 10		7		7
Conditions, if ony, which)	Coll O	to On		2	1 . 0
gove rise to immediate	- Charles of	y was	The same of the sa		The
couse (o), stoting the under-					
lying cause lost. (c)_					aaaaaa
PART II. OTHER SIGNIFICANT COND!	TIONS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GI	VEN IN PART 1(0)	PERFORMED?
3					YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in I	Port I or Part II of item 18.)		
(IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form	, 20f. (City or town)	(County)	(Stote)
20c. TIME OF INJURY Month, Doy, Yeor Hour o. m. p. m.	TANILE INDI MUITE	foctory, street, office bldg., etc.	1		
₹ p. m.	ot work ot work		21 14 2/12	/ / 1	
21. I certify that (I) (this haspital)	attended the deceased from	19.	56 to pril 7	6 , 19 6 1, th	nat (I) (we) last
saw the deceased alive of he	126 1961, and that	death accurred at3:2	Mam the causes a	nd on the date	stated abave.
220. SIGNATURE		The Property Labor			22b. DATE
Jen V	- (1 - 4 -		ED. STAFF RECTOR PHYS	April 26.	1961 SIGNED
22c. PHYSICIAN'S	- Chase	22d. ADDRESS			
NAME (Type) Henry V. Cl	nase M.D.	h East Ch	wrch Street,	Frederick	. Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY		23d. LOCATION (City, town,	or county)	(Stote)
Burial 1/29/1961			Frederick		yland
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 25b. REG	SISTRAR'S SIGNATU	TRE
M. R. Etchison and Sc	on, Frederick, Ma	ryland DATE	AY 1 '61 C	Irthur & the	LAKA.

2 3 2 1 1 The second of the state of THE SECRETARY OF THE SERVICE OF THE SECRETARY OF THE SECR

4294 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed MARYLAND neral b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town) d. NAME OF HOSPITAL (If nat in haspital, the give street address) d. STREET ADDRESS OR INSTITUTION þ ond , 5 NAME OF Middle 4. DATE Lost Manth filled DECEASED DEATH Poges (Type ar print) 9. AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED OF BIRTH campletely last birthday) DIVORCED papers. USUAL OCCUPATION (Give kind af work dane lob. KIND OF BUSINESS OR INDUSTRY 11. during mast af warking life, even if retired) BIRTHPLACE (State or foreign country) death. and carbon after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician remave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMAN' 72 attending please within 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) the DUE TO þ permit. Canditians, if any, which signed gave rise to immediate DUE TO cause (a), stating the underand lying cause last. buriol-transit physician has been CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY removal 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Port II af item 18.) certificate the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED factory, street, affice bldg., etc.) Haur a. m. While Nat while at wark at wark p. m. 1961, that I lost sow the deceased 21. I certify that I oftended the deceased from and that death occurred at // alive on 6 DOM, from the couses and on the dote stoted obove. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE moy be retained to pe priar page 3 should PHYSICIAN'S the registror NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d_LOCATION (City, tawn, or county) 220 NAME OF CEMETERY OR CREMATORY

UNERAL DIRECTOR

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. No. 287

IF UNDER 1 YEAR

Days

(Caunty)

24b. REGISTRAR'S SIGNATURE

Circher S. Thousa

24a. REC'D BY REGISTRAR

2

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

(State)

DATE SIGNED

(State)

Manths

e. IS RESIDENCE

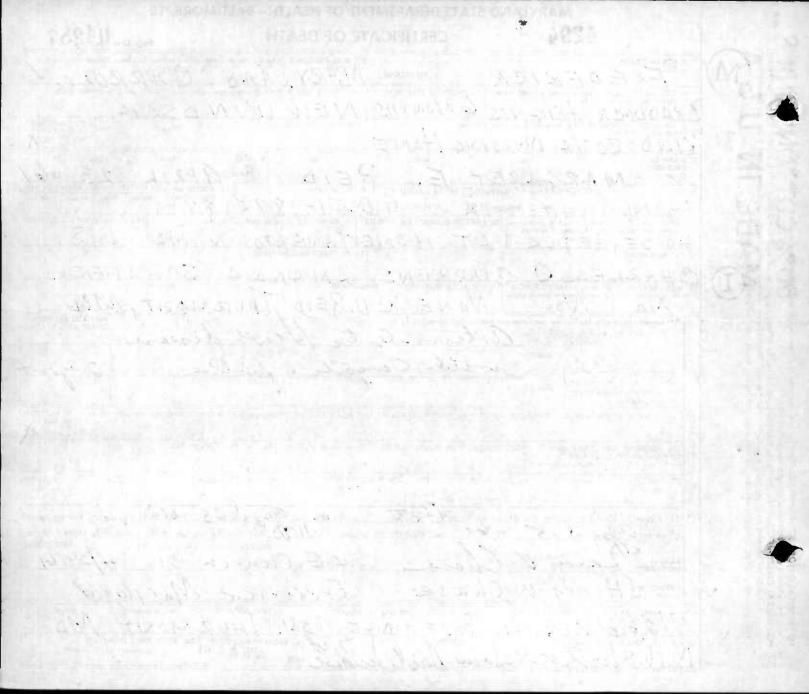
ON A FARM?

YES NO

TF UNDER 24 HRS

Year

1960



or removal, and in any event, within 72 hours aft

Then please remove carbon

completely filled

papers.

The law requires that the death certificate be executed withi

be retained by the hospital or attending physician.

PHYSICIAN:

ATTENDING

detached for use as the burial-transit permit. prior to burial, cremation,

of Health

Dept.

the State

director, page be filed with t

MARYLAND STATE DEPARTMENT OF HEALTH

RAITIMORE 1. MARYLAND DIVISION OF STATISTICAL DESEADON

	4295	CERTIFICATI	OF DEAT	Н		0428	8
1. PLACE OF DEATH a. COUNTY R	PRICK	MARYLAND	2. USUAL RESIDE	NCE (Where decease	d lived, If institution b. COUNTY I-RE	DRICK	/
b. CITY OR TOWN (if write RURAL and	outside corporate limits, give naarest town) RMCNT	c. LENGTH OF STAY IN 1b	X Tu	(If outside corporata	_		-
	AL OR INSTITUTION (IF N		J. STREET ADDRES	WATE	R S	ON	RESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	MARK	ANTHONY RI	DENOUR		april	12 19	61
5. SEX	W	MARRIED NEVER MARRIED 8	25 MAR	lant.	E (fn yeers IF UND! Months	Deys Hours	Mîn.
1De. USUAL OCCUPATIOn done during most of world		10b. KIND OF BUSINESS OR INDUSTR		BENNA		U.S.	COUNTRY
13. FATHER'S NAME LEON	RIDEN	lour	14. MOTHER'S MAIDE	ETTY		ER	
15. WAS DECEASED EVER (Yes, no, or unkown) (Ify	R IN U.S. ARMED FORCE yes give war or dates of serv	S? 16. SOCIAL SECURITY NO. 17. I	ISON R		Address	SAME	,
PART I. DEATH	WAS CAUSED BY: MMEDIATE CAUSE (e) DUE TO	MENINGO				INTERVAL BE ONSET AND	Lay
Conditions, if any, geve rise to immedie (a), stetling tha uncause lest.	te ceuse						-
PART II. OTHER	1 - 1	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	MINAL DISEASE CON	DITION GIVEN IN P		AUTOPSY ORMED?

2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.)

NO

CERTIFICA 2De. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

the deceased alive on....

20d. INJURY OCCURRED Not While

20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., atc.) 20f. (City or town) (County)

(Stata)

MEDICAL

Month, Dey, Yaer Hour a.m.

et work et work

p.m.

22b. DATE

ATTENDING PHYS. 22d. ADDRESS

SIGNED

22c, PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

(Stete)

TO HOSPITAL death, Page 4 VR A15 (4)

(Specify) PIRECTOMS SIGNATURE

BURIAL, CREMATION, | 23b.

250. REC'D BY REGISTRAR

15M 9/60

243 2821B MD PREDRIEE FICEWICK THUX MESS T THURANTE 11.7 WATER ST. WILLIAM STEEL STEEL MARK MATHORY OLDERSHIE SPEEL 18 741 31 30 000 000 000 ADOMS OFFICE 1 C.S. (I) KEON KINEMOUR EE BETTY ENRVER EERN SIDENSON, ELME MELLINGERELE HYDERCEPHINES INTER E 44: 6 11 12 12 12 14 17 2 14 Sunge the margines of the second 13 april GEO. I MORNINGSTIME ENDITTERORGIAL 5-4-11-61 35 MEANS - EXERTE The state of the state of the property of the state of th

VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04289

1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAN	o. STATE	DENCE (Where do	b	If institution	n: Residence be		ion)
RURAL ond give	(If outside corporate limits nearest town) rederick- Rt	1 ,	IGTH OF STAY IN 1		TOWN (If outside Rural Fr	200			earest town	1)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, give	ve street oddress		d. STREET	ADDRESS	er exterior reserv				FARM?
3. NAME OF DECEASED (Type or print)	Josephir		Middle t Rogers	ion		DATE OF A	Month pril	17	-	Yeor 19 61
5. SEX Female	6. COLOR OR RACE	7. MARRIED 🗍	DIVORCED			9. AGI lost	1 1 11 11	Months Doys		Min.
during most of wo	TION (Give kind of work do brking life, even if retired) 1 Housekeeper		Home	Ind	LACE (State or for iana MAIDEN NAME	reign country)		12. CITIZEN	S.A.	OUNTRY?
	Scott				y Overdo	rf				
(Yes, no, or unknown)	/ER IN U. S. ARMED FORC (If yes, give war or dates of ser EATH [Enter only one cou	310-2	26-0866D	Mrs. G.G.	Gremilli	on-Fre	Addre derick	-MdRo	oute L	•
Conditions, if gove rise to couse (o), stotin lying couse loss	immediate DUE TO	Relations CONTRI	hypl	lopla nepla	roma The Terminal	prol DISEASE CONI	LILLI DITION GIVE	9	(2)	ar autopsy
A P	ulmer	ary ;	metax	RRED. (Enter noture					PERFC	NO P
OR CONTRIBUTION (IF EITHER, NOTIF	IG CAUSE OF DEATH		OW WHOCK OCCO	MILES. JEMICI MOIOTC	,, ,					
ZOc. TIME OF INJU Hour o. m p. m	. 10		ot while	PLACE OF INJURY foctory, street, office	(Home, form, 20 e bldg., etc.)	f. (City or tow	vn)	(Count	у)	(Stote)
saw the dece	nat (I) (this haspital) ased alive on	. //		m May	1960 d off:45M,F	,	couses and		that (I) (te stated	
Charl	es H Con	ley	S	M.D. ATTENDIN	DIRECTO	OR PHY	AFF YS.	18 Op	ril/	B. DATE
22c. PHYSICIAN'S NAME (Type)		s H. Cor	ney-Jr.	Pro:	ressiona.	l Bldg	Free	derick-	Wd.	, 61
23o. BURIAL, CREMAT REMOVAL (Specif Burial	10N, 23b. DATE THEREOF		NAME OF CEMETER			LOCATION (I		r county) Indiana	(Sto	le)
By Eliva	s Fineral Ho		ederick- 1	Waryland	250. REC'D BY			TRAR'S SIGNAT		

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foliabezt			
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ALL THE STATE OF T		1908 1 008 out the	
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- in Instant - 11	Laminos town	Charles a. Torior-ir.	. 20 10 10 10
Thanklin(-ellimon)		0 Smallenost) — 1903-12 - -dettalbare — essil det	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 4297 CERTIFICATE OF DEATH

04290

	-100	4									
1. PLACE OF DEATH o. COUNTY			MARYLA		USUAL RESIDENCE (W	/here deceased	b. COUNTY			e admis	sion)
	erick				c. CITY OR TOWN (IF	and	H.L.	eder	ick		
b. CITY OR TOWN (If	outside corporate limi	its, write	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF	outside corpor	rote limits, write R	URAL ond	give nea	rest tow	n)
Rural Mid	dletown		50 yea	ne	X Rura	1 1/1 22	lletown				
	AL (If not in hospital, g	rive street		1.0	d STREET ADDRESS	LIMITOR	TELOMU			IS RES	SIDENCE
OR INSTITUTION	At the not in nospinor, 8	ive sileei	oudi ess)		SIREEI ADDRESS				,	ON A	A FARM?
										YES 🔀	NO 🗌
3. NAME OF	Fir	+	Middle		Lost	4. DATE	Mor	ala.	Day		Yeor
DECEASED	Theod					OF			ou		
(Type or print)	Theod	ron.e	Syrve	ster	Routzahr	DEATH	4		2		1967
S. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D.	ATE OF BIRTH	-310169	9. AGE (In years		R 1 YEAR	IF UND	ER 24 HRS
male	white	WIDOW			1/8/1874	1.	last birthdoy)	Months	Doys	Hours	Min.
							0'/ yrs.				
100. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR I	INDUSTRY	11. BIRTHPLACE (Stote	e or foreign co	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY
farm own	ner	,	farm		Maryland				TT	a	
13. FATHER'S NAME			7. (1.7.477	1	. MOTHER'S MAIDEN				U•	D.	
	7			1							
John H.	Routzahr	1			Ida Ren	sburg					
IS. WAS DECEASED EVER	RIN II S ARMED FOR	CES2 14	SOCIAL SECURITY NO.	17, INFOR			Add	ress			
(Yes, no, or unknown)	If yes, give war or dates of s										
no			none	UTCII	ard T. Ro	outzan	m, Miac	Let	own,	Md	
Conditions, if or gove rise to it couse (a), stating lying couse lost.	mmediote (rse	asi						28
PART II. OTH	IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH	H BUT NO	RELATED TO THE TERM	MINAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	AUTOPSY DRMED?
20g ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter noture of injury in	Port I or Port	t II of item 18.)				
20c. TIME OF INJUR Hour o. m.	Y Month, Doy, Ye	ar 20d. I	NJURY OCCURRED 20	e. PLACE	OF INJURY (Home, far	m, 20f. (City	or town)		(County)		(Stote
Hour o. m.		While	Not while	foctory	street, office bldg., e	tc.)					
p. m.	19	ot wo	rk ot work				, ,	/			
or I contifue the	4 /11 /4bis bessite	1) -++	ded the deceased fr	- 400	7/2/1	960 to	Suit ?	10/	101 sh	at /1)	(we) las
	Men					4	A COL				
saw the deceas	ed alive an	un o	1961., and th	nat deat	h accurred at 🕽 🕽	M, fram	the causes ar	nd an th	ne date	stated	d abave
220. SIGNATURE	100111	201							11	27	b. DATE
1	TUMP	1/1/2.	21	M.D.	ATTENDING PHYS.	MED.	STAFF PHYS.		1	2/	SIGNE
22c. PHYSICIAN'S	Sur hi	VUVI		M.D.		DIRECTOR	rhts. 🔲			76	/
NAME (Type)	1111		1		22d. ADDRESS		/			O'	1
	(J. W.	rel	an		1/2	10m	slow			no	1.
					V	4				-164	
230. BURIAL, CREMATIO	N, 236. DATE THEREC	OF.	23c. NAME OF CEMETE	ERY OR CE	EMATORY	23d. LOCA	TION (City, town,	or county)		(Sto	ote)
REMOVAL (Specify)	4/5/196	7	Reformed	Com	eterv	1/13 2	37 04	3/2	2		
24. FUNERAL DIRECTOR	1 1 2 1 - 10	Selec.	ADDRESS		250. REC	C'D BY REGIST	dletown	STRAPES	GNATH	RE	444
		200		517			230, 820				
Gladhill	Company,	Mid	dletown. N	Id.	DATE	'H 5 '6	1 Ga	11.0 8	Sur		

TO HOSPITAL OF VR A1S (4) 1SM 9/S9

HIVARITED BY ADMITTED TO THE Carlonary Commencer Commen

VR A1S (4) 1SM 9/59

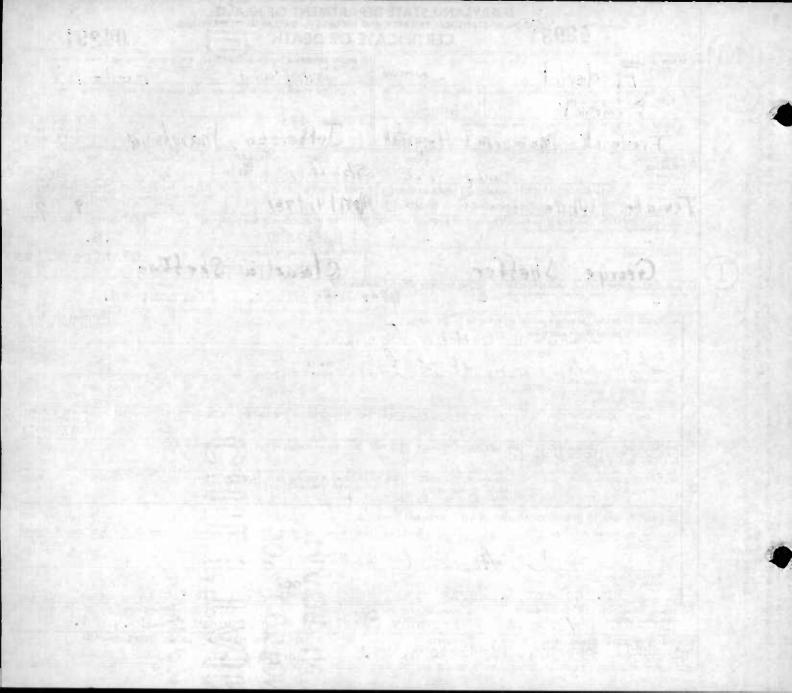
MARYLAND STATE DEPARTMENT OF HEALTH 4298 CEPTIFICATE OF DEATH

CERTIFICATE OF DEATH

04291

1	D. COUNTY CONTROL MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY FURTHER TO STATE TO STAT
	b. CITY OR TOWN (If autside corporate limits, write RURAL and aive negrest town hours	c, CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION - YEOCHTEE MEMORIA HOSPITAL - HOSPI	Jefferson, Maryland Pession No.
	8. NAME OF DECEASED (Type or print) Baky Suzl	Shaft DEATH 4 1 161
1	Fernale 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) yrs. FUNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min. Min.
	0a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	U.S. 11. BIRTHPLACE (State or foreign country) Maryland U.S.
	3. FATHER'S NAME GROVE Sheffer	14. MOTHER'S MAIDEN NAME Clantha Wiles
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war ar dates of service) (If yes, give war ar dates of service)	s. Dora Wiles, Jefferson, Md.
	gave rise to immediate cause (a), stating the under. lying cause lost.	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH ONSET AND DEATH
	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH	ED. (Enter nature of injury in Part I ar Part II af item 18.) PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) actory, street, affice bldg., etc.)
	21. 1 certify that (I) (this haspital) attended the deceased from	death accurred atM, from the causes and an the date stated abave. M.D. ATTENDING MED. DIRECTOR STAFF SIGNED 22b. DATE SIGNED 22d. ADDRESS Frederick, Md.
	230. BURIAL, CREMATION, 23b. DATE THEREOF 43/1961 Harmony	OR CREMATORY 23d. LOCATION (City, tawn, or caunty) (State)
3	Gladhill Company, Middletown, Mo	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE 2118 4 361 Colling S. Hrand

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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

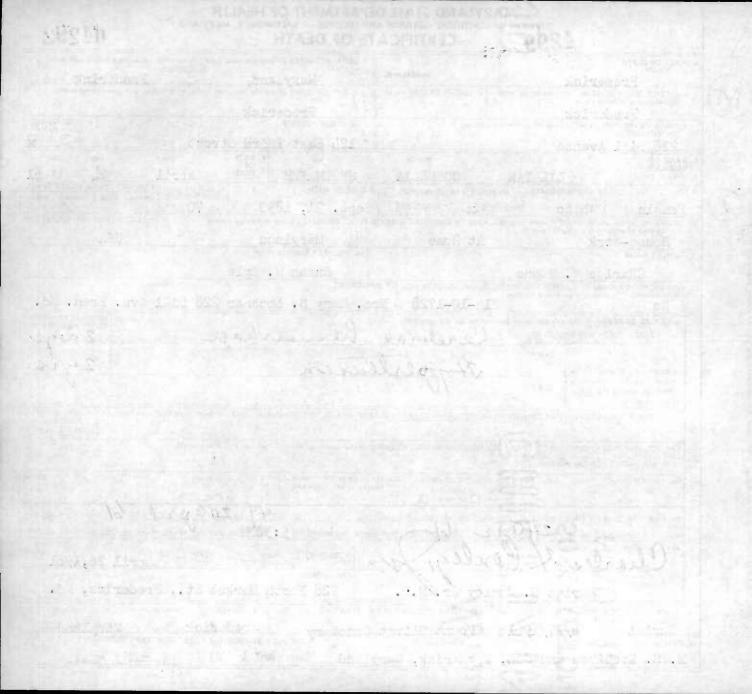
CERTIFICATE OF DEATH

04999

	4233		CERTIF	ICAII	OF DEATH		AT DECIMA	(1260	16
1. PLACE OF DEATH a. COUNTY				11	. USUAL RESIDENCE (V	here decease	ed lived. If institution	an: Residence be	fare admiss	ian)
_	derick		MARYL	AND	Marvl	and	b. COOK11	Freder	ick	
b. CITY OR TOWN (I RURAL and give no	f autside carporate lim earest tawn)	its, write	c. LENGTH OF STAY	N 1b	CITY OR TOWN (IF	autside carpo	orate limits, write R	URAL and give n	earest tawn)
	derick TAL (If nat in haspital, g	give street	address)		d. STREET ADDRESS	rick			e. IS RES	IDENCE FARM?
228 Dill	Avenue				124 East T	hird S	Street		YES [NO 🔀
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Man	th (Day	Year
(Type ar print)	LILLI	AN	CORDELI	A	SHOEMAKER	DEATH	Apri.	1 2	24	19 61
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	D 🔲 B.	DATE OF BIRTH		9. AGE (In years last birthday)	Manths Days		Min.
Female	White	WIDOWI	ED DIVORCED	S	ept. 21, 18	390	70 yrs.			
10a. USUAL OCCUPATION during mast af war	ON (Give kind af wark king life, even if retired	dane 10b.		R INDUSTR	Y 11. BIRTHPLACE (Stat	e ar fareign o	cauntry)	12. CITIZEN		OUNTRY?
House-we	ork		At Home		Maryla			USA		
13. FATHER'S NAME				199	14. MOTHER'S MAIDEN	NAME				
Char	les W. Stor	ne			Susan N	. Ogle	9			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO	RMANT		Add	ress		
No	(II yes, give wer or solar or		14-10-1728	Mrs	. Mary S. I	ochner	228 Dil	l Ave. F	red.	Md.
18. CAUSE OF DEA	ATH [Enter anily ane co	ause per li	ne far (a), (b), and (c).]		Λ			IN	ITERVAL BE	TWEEN
PART I. DEA	TH WAS CAUSED BY:	-\	Corolin	20	hemer	rha	22	0	NSET AND	LAA)
221)	IMMEDIATE CAUSE (. /	1			8			1
Canditians, if a			1/100	. 01	11115				24	21.
gave rise to i	mmediate (,	VATAR	ne	win				-	
cause (a), stating	the under-)	10							
lying cause last.		(2	CONTRIBUTING TO DE	THE BUILT AL	OT DELATED TO THE TER	MAINIAL DICEA	SE CONDITION ON	/ENI INI BART 1/a)	la WAS	ALITOPSY
PART II. OTI	HER SIGNIFICANT COP	MUITIONS	CONTRIBUTING TO DEA	VIH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	VEN IN PART I(U)	PERFC	RMED?
E 20g. ACCIDENT W	AS UNDERLYING CONTROL CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature af injury i	n Part I ar Pa	art II af item 1B.)			
20c. TIME OF INJUI	RY Manth, Day, Ye	While			E OF INJURY (Hame, fa ry, street, affice bldg., e		ty ar tawn)	(Caunt	γ)	(State
p. m.		at wai	rk at wark			110	411/2-1	1 /1	-	
		l) attend	ded the deceased			9.C. 10!	zauger		that (I) (
saw the decea	sed alive an	uju	2 19 6 and	that de	ath occurred at 5	:30,PMon	the causes ar	nd an the da		
22a. STENATURE	Don't	(0)	reley	IN M.	ATTENDING D. PHYS.	MED. DIRECTOR	STAFF PHYS.	April 2	26.196	SIGNED
22c. PHYSICIAN'S	000		11	7	22d. ADDRESS				, , ,	
NAME (Type)	Charles H	. Con	ley Jr M.D		228 Nort	ch Marl	ket St.,	Frederic	ek, Mo	1.
23a. BURIAL, CREMATIC	ON, 23b. DATE THERE	OF	23c. NAME OF CEMI	ETERY OR	CREMATORY	23d. LOCA	ATION (City, tawn,	ar caunty)	(Sta	te)
REMOVAL (Specify Burial		261	Mount Oli	vet (emetery	Fred	derick		yland	1
24. FUNERAL DIRECTOR	S'S SIGNATURE	-	ADDRESS		25a. RE	C'D BY REGIS	STRAR 25b. REG	ISTRAR'S SIGNAT	TÜRE	
M. R. Etcl	hison and S	on,	Frederick,	Maryl	and DATE	MAY 1	'61	Irthung 8. 7	Gans	

TO HOSPITAL ORA TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained, the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the financial director, page 3 should be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the State Board at Health prior to burial, cremation, or remayal, and in any event, within 72 hours after death. VR A15 (4) 15M 9/59



HANGE TO ANY THE SECOND OF DEVILE . The same of the same of the same of the same

oth. Page 4 may be remained the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Board of Health prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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odk.	002	LLei	0 67 199 6	607	9/6//0	1 3	WK						
1. PLACE OF DEATH o. COUNTY Free	derick		MARY		o. STATE		land	b. COUN	YTY	Residence			on)
	outside corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOW Rural	VN (If ou	utside carpor	160					
d. NAME OF HOSPITA OR INSTITUTION Frederick	AL (If not in hospitol, gi Memorial				d. STREET ADDR	RESS					е	ON A	FARM?
3. NAME OF DECEASED (Type or print)	Firs G •		Middle Arthur		Lost Smith		4. DATE OF DEATH		Manth		Doy 12		ear 961
s. sex male	6. COLOR OR RACE white	7. MARR	ED NEVER MARRIED DIVORCE		DATE OF BIRTH	Ø 18	370	9. AGE (In ye lost birthdo	y) 1	Months	Days	Haurs	Min.
10a. USUAL OCCUPATIO during most of work Farm 13. FATHER'S NAME	ing life, even if retired)	lane 10b.	KIND OF BUSINESS O	R INDUSTR	Mary 14. Mother's Ma	lan	đ	ountry)		12. CITI2	ZENOF	S.	DUNTRY?
15. WAS DECEASED EVER	F. Smith	CES? 16.	SOCIAL SECURITY NO	. 17. INFO	Ellei	n Fo	OX		Addres	s			
(Yes, no, or unknown)	If yes, give war or dates of se		none	Cyr	us J. Si	mitl	h, My	versvi	110	e, M	[d.		
Conditions, if ar gove rise to in couse (o), stoting lying couse lost.	nmediate the <u>under-</u>	a.			Heart Sclere								UITORS V
САТІС	er significant con									NINPAKI	1 1(0) 19	PERFO	RMED?
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter noture of in	jury in P	ort I or Port	t II of item IB.)				
20c. TIME OF INJURY Hour o. m. p. m.	Y Month, Doy, Yes	While at war	NJURY OCCURRED Not while	20e. PLAC focto	E OF INJURY (Hon ry, street, office blo	ne, farm, dg., etc.	, 20f. (City	or town)		(0	County)		(Stote)
21. I certify that saw the deceas	t (I) (this haspital) attend	ded the deceased	fram <u>a</u> I that de	ath accurred a	12:		Offir the causes	and			stated	
22a. SIGNATURE	JElm	up	tarp	М.		ME	ED. RECTOR	STAFF PHYS.			4	- 1 - 1	SIGNED
22c. PHYSICIAN'S NAME (Type)	J. Elmer	Harr	/		22d. ADDRESS	idd	letov	mM	d				
23a. BURIAL, CREMATIO REMOVAL (Specify)	1 1- 11	61	23c. NAME OF CEM					TION (City, to		county)	ld.	(Stote	e)
24. FUNERAL DIRECTOR'	s signature Company,	1	ADDRESS Middletow	n, M	5		BY REGIST	'61 25b. F		RAR'S SIG			

WILLIAM TO THE SPREED OF STATE OF STATE 3.7 A THE PARTY OF THE

oth. Poge 4

weral director, TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained. The haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and campletely filled in by the page 3 shauld be detoched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should the State Board of Health priar to burial, cremation, or remayal, and in ony event, within 72 hours after death.

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MARYLAND STAT	E DEPAI
DIVISION OF STATISTICAL RESEARCE	CH AND REC

RTMENT OF HEALTH
CORDS — BALTIMORE 1, MARYLAND

	4302	CERTIFICA	TE OF DEATH	1		04295
o. COUNTY Fr	ederick	MARYLAND	2. USUAL RESIDENCE (V o. STATE	b. (COUNTY	derick
b. CITY OR TOWN (IF	autside corporate limits, write arest tawe) ederick	c. LENGTH OF STAY IN 16 Lifetime		f outside corporate limits erick	, write RURAL and g	ive nearest town)
d. NAME OF HOSPITA	AL (If not in hospital, give street 3 East Second S		d. STREET ADDRESS	East Second	Street	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	First Vida	M • Sm	lost ith	4. DATE OF DEATH	Month	Day Year 19 61
. sex Female	White WIDOW	ED DIVORCED	November 1,	1887 9. AGE (lost bit 73.	In years rthdoy) yrs.	1 YEAR IF UNDER 24 HRS. Days Haurs Min.
Housewij	N (Give kind of work done 10b. ing life, even if retired)	None	Frederic	k County, M		U.S.A.
Samuel Co	urtis Michael		Mary Fra	nces Willia	ms	
	IN U. S. ARMED FORCES? 16.		os. J. Fred O	land 233 F	Address 2nd St.	Frederick, M
Conditions, if an gave rise to in couse (a), stoting to lying cause lost. PART II. OTH	nmediate (CONTRIBUTING TO DEATH BUT	ON RELATED TO THE TERM	MINAL DISEASE CONDIT	TION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Part I or Part II of iten	n 1B.)	TES NO REAL
20c. TIME OF INJURY Hour o. m. p. m.	While	t-	ACE OF INJURY (Home, for ctary, street, office bldg., e			ounty) (Stote)
saw the deceas	t (1) (this hospital) attended alive on Alala	1 /	MILLICA	M, from the cou		, that (I) (we) lost date stated above.
22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	Tamhas	7_	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STAFF DIRECTOR PHYS.		22b. DATE SIGNED
D						ederick, Md.
3a. BURIAL, CREMATION REMOVAL (Specify)	N, 23b. DATE THEREOF	23c. NAME OF CEMETERY C		23d. LOCATION (City	y, town, or county)	(State)
4. FUNERAL DIRECTOR'S	S SIGNATURE	ADDRESS Frederick, Ma	250. RE	C'D BY REGISTRAR 2	Sb. REGISTRAR'S SIC	NATURE

		TAORIGET	•
Molyaderii	half Pepul	Town 1	s dolument
	Maja Maja	relabilit	Shire of
Street Seest	Day Day Seond	Scould in	cont and 150 mile.
10 L. A.M.	na na	ins .W	abay yelda
	Movember 1, 1667 75		Four le Mitte
ayani mak.	Proderick County, N	Jone	e*Livesion*
	Mury Frances Milito	Le	Junual Cartie Lighn
. 2nd All Protestation	. J. Fred Cland 255 a	ardi rega-ir-ics -	6%
No.			
weet Ireducing III.	. 228 Forth Harles t	ili in	P.O.B. (2)
headond effi	Verellar yara'a	DOWNERS NAMED	1301-1-1 (s.c.)
	Lan a book	TELL STATES TO SEE	6.5-11 h 37 T- 100

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	4303		CERTI	FICA	IE OF DEAT	Н			1142	96
1. PLACE OF DEATH a. COUNTY					2. USUAL RESIDENCE	(Where decease			ce before adm	ission)
	ederick		MAR	RYLAND	G. STATE Mary	land	b. COUNTY	Fred	derick	
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN	(If outside corp	orate limits, write R	URAL ond g	give nearest to	wn)
RURAL and give r	ederick			- 13	Fred	lerick		11		
d. NAME OF HOSP	ITAL (If not in hospital,	give street	address)		d. STREET ADDRESS		DEC TOTAL			ESIDENCE
OR INSTITUTION	all Nursing	Home		11.00	339 North	Market	Street			A FARM?
3. NAME OF	Fi		Middl	le	Last	4. DATE	Mon	th	Doy	Yeor
(Type or print)	DOLLI	TE:	VARD	EM	SPEAKS	OF DEATH	Apri	17	28	1961.
5. SEX	6. COLOR OR RACE	- Contract of the Contract of	RIED NEVER MARR	200	B. DATE OF BIRTH		9. AGE (In years		1 YEAR IF UN	
Tamala	White	WIDOW			July 1, 187	2	last birthday) 88 yrs.	Months	Days Hour	s Min.
Temale 100. USUAL OCCUPATI	ION (Give kind af work	done 10b.	202		TRY 11. BIRTHPLACE (SI			12. CITI	ZEN OF WHAT	COUNTRY
during most af wa	rking life, even if retired)							JSA	
House-W	ork		at home		Maryl 14. MOTHER'S MAIDE) OAL	
	ER IN U. S. ARMED FOR		SOCIAL SECURITY N	O 117 BM	Laura	V. Tuck	er			
	(If yes, give wor or dates of		SOCIAL SECURITY NO							
No			None		John L. Mc	hler 3	39 N. Mai	rket 3	it. Fre	d. Md
	ATH [Enter anly one co	ouse per li	ne for (0), (b), and (c)).]	- 1				INTERVAL ONSET AN	BETWEEN D DEATH
PART I. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c	te	rellal.	111	oulion	n			day	
332	DUE TO)			180 37 7				/	
Canditions, if		1								
gove rise to couse (o), stating	immediate (15 -3		14730
lying couse lost		:)(:								
PART II. OT			CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	EN IN PART	T 1(a) 19. WA	S AUTOPSY
PART II. OT										FORMED?
20a. ACCIDENT W	AS_UNDERLYING	20b. DES	CRIBE HOW INJURY	OCCURRED). (Enter noture of injury	in Port I ar Po	rt II of item 18.)			
20g. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIF	G CAUSE OF DEATH Y MEDICAL EXAMINER)									
NO TIME OF INJU	IRY Month, Doy, Ye	or 20d. I	NJURY OCCURRED	20e. PLA	ACE OF INJURY (Home,	farm, 20f. (Cit	y or town)	10	County)	(Stote
Hour a.m.	10	While	Nat while	foc	tory, street, office bldg.,	etc.)				
		at wor					1//-	,		
21. I certify th	at (1) (this haspita	l) attend					4/28			
	ased alive an	7/2	2 19 61 , and	d that d	eath accurred at 3	PM, fram	the causes an	d an the		
22a. SIGNATURE	0	11			ATTENDING _	MED	STAFF			22b. DATE SIGNED
No.	weeps.	10	comos,	- 1	M.D. PHYS.	DIRECTOR _	PHYS.			
22c. PHYSICIAN'S NAME (Type)					22d. ADDRESS					77.4
	James B. T	'homa	s M.D.		228 Nort	h Marke	et St., F	reder:	ick, Mc	
	ON, 23b. DATE THEREC	OF	23c. NAME OF CEA	METERY OF	R CREMATORY	23d. LOCA	TION (City, town,	or caunty)	(\$1	tate)
REMOVAL (Specify Burial		961	Mount Ol	ivet	Cemeterv	Frede	rick		Maryla	nd
24. FUNERAL DIRECTO		,	ADDRESS			REC'D BY REGIS	TRAR 25b. REGI	STRAR'S SIC		

DATEAY 2

M. R. Etchison and Son, Frederick, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

04297

1. PLACE OF DEATH o. COUNTY	Frederick	MARYLAND	II n STATE	ENCE (Where decease Maryland	ed lived. If instituti b. COUNTY		efore odmiss rederi	
b. CITY OR TOWN RURAL and give Frederick		c. LENGTH OF STAY IN 16	1 1	own (If outside corp			nearest town	1)
OR INSTITUTION	PITAL (If not in hospitol, give street ok Memorial Hospi		d. STREET A	Road			e. IS RES ON A YES DA	FARM?
3. NAME OF DECEASED (Type or print)	First FRANK	Middle	STONE	0.5	Apr.		1	Yeor 19 61
s. sex Male	6. COLOR OR RACE 7. MAR WIDOW	RIED 🔏 NEVER MARRIED 🗌	B. DATE OF BIRTH	-0 -00-	9. AGE (In yeors lost birthday) yrs.	Months Day		Min.
10a. USUAL OCCUPA during most of w Laborer	TION (Give kind of work done lob. vorking life, even if retired)	KIND OF BUSINESS OR IND Brush Factory	OUSTRY 11. BIRTHPL	ACE (Stote or foreign Maryland	country)	12.CITIZEN	OF WHAT C	OUNTRY?
13. FATHER'S NAME	eorge Henry Stone	e	14. MOTHER'S	MAIDEN NAME Lucinda Mo	ottan			
15. WAS DECEASED E (Yes. no. or unknown)	(If yes, give wor or dates of service)		Informant Irs. Mary	B. Stone-S		tem #2		
Canditions, if gove rise to cause (a), statin lying cause los	DUE TO i ony, which immediate ong the under. DUE TO DUE TO	EREBRO VAS	nois	HEMOR			ayy, Zo	yrs,
САТІС		SCRIBE HOW INJURY OCCUR				VEIN IIN PART I(C	PERFC	NO 13
WED CALL TO THE OF INJ	m. 19 While of wo	Not while	factory, street, affice			(Coun		(State)
	hat (I) (this haspital) atten- eased alive an				Apr. 11 the causes a	19 6], nd an the do	ate stated	abave.
220. SIGNATURE	d. Un ord	, h.D	M.D. PHYS.	DIRECTOR L	STAFF PHYS.		4/12/	61 GNED
22c. PHYSICIAN'S NAME (Type		hel,M.D.	Shop	ss oing Cente:	r,Frederi	ck, Mar	yland	
23a. BURIAL, CREMA BURIACYAL (Speci	TION, 23b. DATE THEREOF Apr.14,1961	Rocky Sprin		ry Fre	ATION (City, town, derick,	or county) Mary	landsto	le)
24. FUNERAL DIRECTO	or's signature chison & Son, Fr	ADDRESS ederick, Mary	land	250. REC'D BY REGI		Orthun S.		

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gerye ya				
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de la company		.1.1.10052	.2.62	
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		THE RESERVE	c .	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decaasad lived, If Institution: Residence before edmission) a. COUNTY the day MARYLAND b. CITY OR TOWN (if outside corporate limits, and c. CITY OR TOWN (Voutside corporata limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write_RURAL and give nearast town filled in Pages hours aft d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) completely papers. NAME OF DATE Month DECEASED OF (Typa or print) DEATH carbon 9. AGE (In years | IF UNDER 1 YEAR NEVER MARRIED and last_birthday) Months WIDOWED certificate physician USUAL OCCUPATION (Give kind of work or foreign country) remove done during most of working life, even if retired) 13. FATHER'S NAME please .5 Then please and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. removal, (Yas, no, or whkown) | (If yas give war or dates of service) the permit. 18. CAUSE OF DEATH [Entar only ona cause par lina for (a), (b), and (c). physician. signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit DUE TO ending Conditions, if any, which been gava risa to Immadiata causa DUE TO (a), stating the undarlying certificate has causa last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION as 2Da. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After è 2Dd. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Yaar 2Df. (City or town) factory, straat, office bldg., atc.) While Not Whila Hour a.m. at work at work TRECTOR: should ..., and that death occured at. M, from the causes and on the date stated above. saw the deceased alive on..... 22a. SIGNATURE ATTENDING STAFF DIRECTOR PHYS. PHYS. M.D. director, page be filed with the 22c. PHYSICIAN 22d. ADDRESS NAME TYPE

OF CEMETERY OR CREMATORY

ADDRESS

. IS RESIDENCE ON A FARM? YES NO

Year

19

12. CITIZEN OF WHAT COUNTRY?

ONSET AND DEATH

PERFORMED?

NO .

(Stata)

SIGNED

(Stata)

(County)

256. REGISTRAR'S SIGNATURE

23d-tOCATION (City, town or county)

25a. REC'D BY REGISTRAR

DATE DR 2 0 '61

IF UNDER 24 HRS.

Day

O HOSPITAL death. Page 4

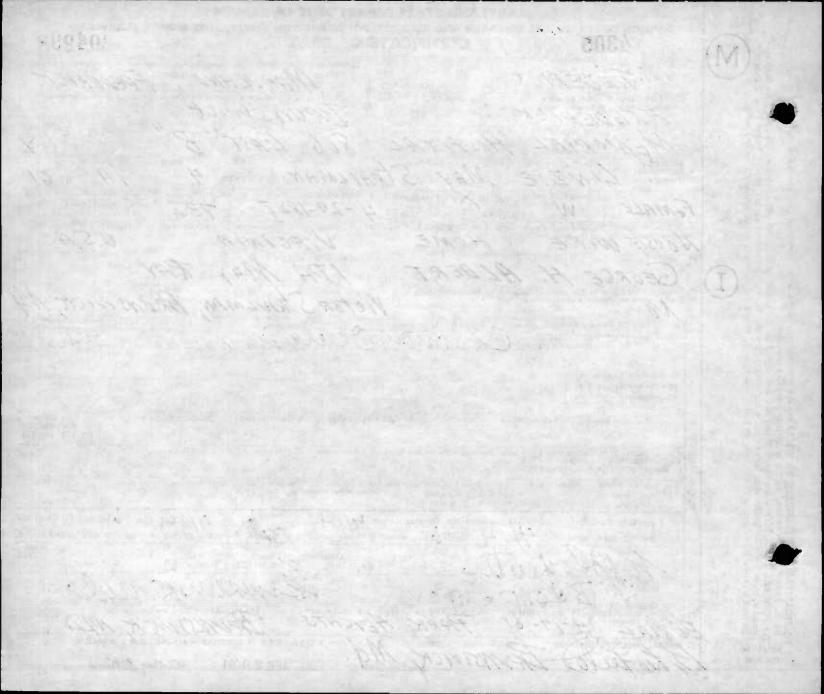
OH VR A15 (4) 15M 9/60

23e. BURIAL, CREMATION, | 23b.

MINERAL DIRECTOR SASIGNATURE

REMOVAL (Specify)

DATE THEREOF



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4306

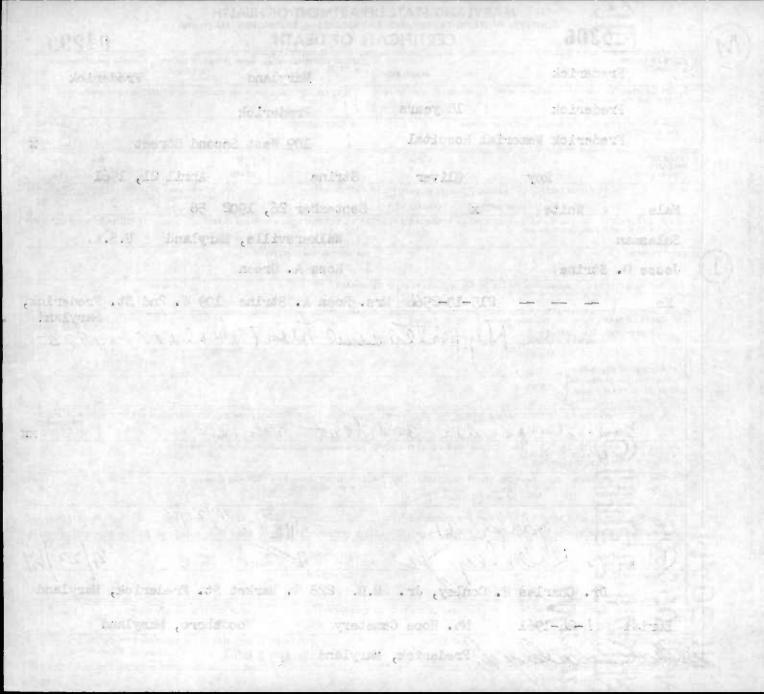
04299

o. COUNTY	rederick		MARYLAND	2. USUAL RESIDENCE (W o. STATE	here deceased lived. If insti b. COUN		
RURAL ond give	(If outside corporate limit nearest town) rederick	ts, write c	18 years		outside corporote limits, writerick	te RURAL ond give n	earest town)
OP INSTITUTION	rederick Mer			d. STREET ADDRESS	West Second S	treet	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Fire	st	Middle Oliver	Strine	OF	Month 1 21, 196	Nay Year
Male Og. USUAL OCCUPA	White	WIDOWED		8. DATE OF BIRTH September 20 STRY 11. BIRTHPLACE (SIGNE)		yrs. Months Doys	Hours Min.
Salesman 3. FATHER'S NAME	orking life, even if retired)				Llle, Marylan		
Jesse O.	Strine			Rosa A.			
Conditions, if gove rise to couse (o), stotin lying couse los	g the <u>under-</u>	, A	for (a), (b), and yell us	send his	it desla	ne on	NSET AND DEATH
<u>a</u>	releval U	asse	ular all	NOT RELATED TO THE TERM ED. (Enter noture of injury in	-ea. 1961		19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJ Hour o. m	FY MEDICAL EXAMINER) URY Month, Doy, Yeo	While of work [Not while of work deceased fram.	4.744	57. to 4/21/0		that (I) (we) Ic
saw the dece 220 SIGNATURE 22c. PHYSICIAN'S NAME (Type		sile	ry Ja	M.D. ATTENDING PHYS. 22d. ADDRESS	AM, from the couses DED. STAFF PHYS. Market St. Fr	4	4/2256

TO HOSPITAL OR **RENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be remained the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the formeral director, page 3 should be detoched for use as the burial-transit permit. Then please remave carban pagers. Pages 1 and 2 should be filled with the State Board of Health priar to burial, cremation, or remaval, and in any event, within 72 hours after death. ath. Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VR A15 (4) 1SM 9/59



VR A1S (4) 1SM 9/S9

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

4307

04300

	PLACE OF DEATH			4		2. USUAL RESIDENCE (WH	ere deceased			before a	dmissio	n)
1	o. COUNTY	lerick		MARY	LAND	o. STATE Marvl:	and	b. COUNTY	Frede	rick		
1	b. CITY OR TOWN (IF RURAL ond give ned	outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF o		rote limits, write R	URAL ond gi	ve nearest	town)	
	Freder	rick	18	Year	's	Frede	rick	SERVICE STREET				
	d. NAME OF HOSPITA	AL (tf nat in haspital, g	ive street	address)		d. STREET ADDRESS				e. I	S RESID	DENCE ARM?
L		as Acres				/ 6A Watking	s Acre	s	11.6	YI	ES 🔲	NO 😡
1	B. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF	Mon	ith	Day	Ye	ear
	(Type or print)	MARGAF	ET	LEE	3	THOMAS	DEATH	Apr	il	25	19	961
	S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIE	ED 🔲	B. DATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER 1	-		-
	Female	White	WIDOW	ED DIVORCE	D	June 22, 189	1.	69 yrs.	Manths (Days H	ours	Min.
Ī	Oa. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS O	R INDUS	TRY 11. BIRTHPLACE (State		ountry)	12. CITIZ	EN OF WI	HAT CO	UNTRY?
	House-wi	ing life, even if retired	,	House Work	,	Marylan	d		71	SA		
1	3. FATHER'S NAME	16		House Work		14. MOTHER'S MAIDEN N				UE		
1	Talan Dan	lan Danahha 7				Moser (Combusi	17				
1	S. WAS DECEASED EVER	iks Barthol		SOCIAL SECURITY NO	. 17. IN	FORMANT	Gambri	Add	ress			
	(Yes, no, or unknown) (I	if yes, give war or dates of s	ervice)			D O Mhomo	- C	Como	00 4+	am #	2	
=	No			None		B. O. Thomas	5, 01.	Same	as it			
		TH [Enter only one co TH WAS CAUSED BY:	use per 1	ne for (o), (b), and (c).		. 0				ONSET		
4	PART I. DEAT	IMMEDIATE CAUSE (a		retral	M	markag	2			30	ay	00
	331.	DUE TO				1				153		
	Conditions, if on)					0.4904				
	gove rise to in couse (o), stating t	nmediote (
	lying cause lost.	(c	1									
	PART II. OTH			CONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASI	CONDITION GIV	EN IN PART	1(a) 19. \	WAS AL	UTOPSY
	PART II. OTH										ERFOR	NO X
		S UNDERLYING [20b. DES	CRIBE HOW INJURY O	CCURRE). (Enter noture of injury in	Port I ar Part	t II of item 18.)				100.00
	20a. ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	100									
		Month, Day, Ye	or 20d I	NJURY OCCURRED	20e PL	CE OF INJURY (Home, form	20f (City	or town)	IC	ounty)		(Stote)
	20c. TIME OF INJURY Hour a.m.	19	While	Not while	fac	tory, street, office bldg., etc	.)	0. 10.11,	100	,,,,,		(31010)
	_			rk at wark		0. (-	111				
	21. I certify that	(I) (this haspital	l) often	ded the deceosed	from	March 19	28, .to	4/25	194	, that	(1) (w	ve) last
	sow the decease	ed olive on	4/2	5 1961., and	thot d	eoth accurred at 2:3	DAMom	the causes ar	d an the	date st	ated a	obave.
	224. SIGNATURE	0-	1	31								DATE
	Jan	resto.	w	mas.		A.D. PHYS.	RECTOR	STAFF PHYS.				SIGNED
	22c. PHYSTEIAN'S NAME (Type)			5	-30	22d. ADDRESS	3/1/3		JUN 1979	4-30-3	10	
-1	(Type)	James B. 7	homa	s M.D.		228 North	Marke	t St., F	rederi	ck,	Md.	
-	23a. BURIAL, PREMATION			23c. NAME OF CEM	ETERY O	R CREMATORY	23d. LOCA	TION (City, town,	or county)		(Stote))
3	REMOVAL (Specify)	4/27/196						derick		[
1	Burial 24. FUNERAL DIRECTOR'S	1 -1 -1 -1).1.	Mount Oli	LVet		D BY REGIST		STRAR'S SIG	NATHE	and	
			Son	Frederick	More		APR 2	w to d	Chilling.		ua	

Manual visit in the state of the The second secon - 2 1 who comment protections on the matrices in

FOR STATE HEALTH DEPT

y, please TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certified with word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral difference of should be for confident of the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for confident tiles.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

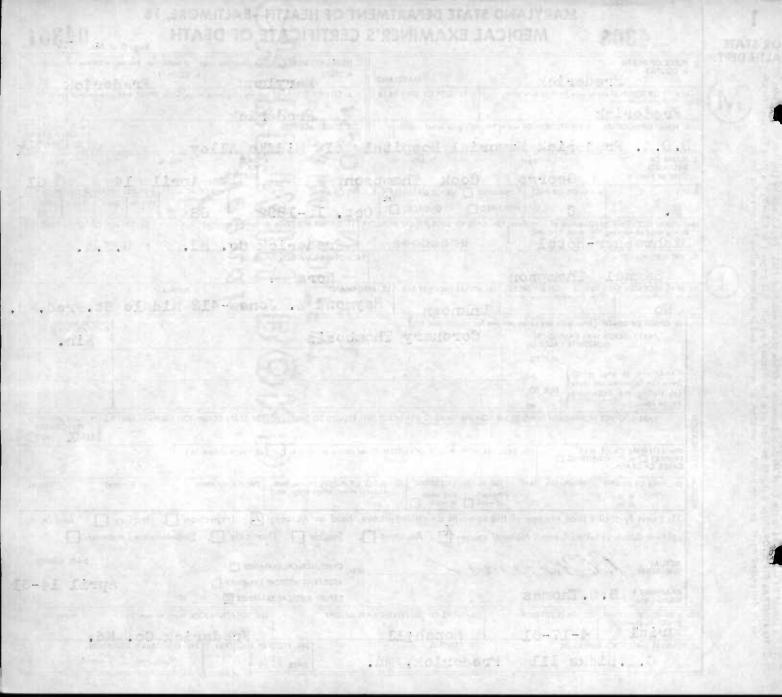
4308

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. ()4301

1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where deceased live	d. If institution: Resid	ence before admission)
	rederick		MARYLAND	o. STATE Mart	rland	b. COUNTY	derick
b. CITY OR TOWN and give negres! for	(If outside corporate limits, write	RURAL C. LE	NGTH OF STAY IN 16			imits, write RURAL on	
Frederi		03.8		II Prod	lerick		
	ITAL OR INSTITUTION (II	f not in hospital, g	give street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
D.O.A. F	rederick 1	Momondo	7 TTa	1 120 111			YES NO L
3. NAME OF	Fin		L Hospita		dle Alle		A
(Type or print)				Lost	OF	Month	Doy Yeor
5. SEX	George			son	DEATH	April 1	4 19 61
J. 3EA	6. COLOR OR RACE		NEVER MARRIED	. DATE OF BIRTH	9. AG	E (In years IF UNDER Months)	Days Hours Min.
M.	C	WIDOWED	DIVORCED	Oct. 12-18	392 6	8 yrs.	Days Hours Mill.
10a. USUAL OCCUPAT	ION (Give kind of work ding life, even if retired)	fone 10b. KIND O	F BUSINESS OR INDUST	RY 11. BIRTHPLACE (Sto	te or foreign country)	12. CIT	IZEN OF WHAT COUNTRY?
	er-Hotel	*	35-35-35-35-35-35-35	Fredeni	ck Co. N	TT 5	.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDEN		10.	• D • A •
Samue	7 Thomas	220		N-m-	0		
	VER IN U. S. ARMED FOR		L SECURITY NO. 17. I	Nora	1	Address	
(Yes, na, as unknown)	(If yes, give war or dates at s	service)	R		Tomas - 43		C+ =
No			TTC AATT	ajmond W.	ooues-41	~ Midale	St.Fred.Md
	ATH [Enter only one caus						INTERVAL BETWEEN ONSET AND DEATH
PART 1. DE	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Co:	ronary Th	ombosis			Min.
1420	// DUE TO						
Conditions, if							
gave rise to imm	ediote couse						
(a), stating the	Springer and Sprin						
) (c).	DITIONIS CONTENDIO	UTING TO BEATU BUT A	IOT OF ATED TO THE TEO	Maria Diference		
P PARTIL O	HEX SIGNIFICATAL COME	DITIONS CONTRIB	DINAO IO DEATH BUT I	NOT KEENTED TO THE TERM	WINAT DISEASE CONT	OTTON GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED?
5							YES 💢 NO
PART II, O' 200. EXTERNAL CO PRIMARY O or CO CAUSE OF DEATH	ONTRIBUTING	b. DESCRIBE HOW	INJURY OCCURRED. (E	inter nature of injury in Po	ort I or Port II of item	18.)	
20c. TIME OF INJI	URY Month, Doy, Year	20d. INJURY		CE OF INJURY (Home, for	rm, 20f. (City or tow	n) (Cor	unty) (State)
Hour o.m		While	Not while of work	ory, street, office bldg., et	(c.)		
				ve, held on Autop	(2)	·	
			Y	_			· Land
opinian death	resulted from: N	Vaturol couse	Accident	, Suicide [,	Homicide [_],	Undetermined i	manner
	DM1						
ACTUAL		2201		M.D. CHIEF MEDICAL	EXAMINER [DATE SIGNED
SIGNATURE	Notion	Tuck					
	Solver	rrux		ASSISTANT MEDI	CAL EXAMINER		April 14-6
	B.O. Thomas	Hux		DEPUTY MEDICAL			April 14-6:
EXAMINER'S NAME (Type)			AME OF CEMETERY OR	DEPUTY MEDICAL	L EXAMINER X	ity town or equate)	
EXAMINER'S NAME (Type) 220- BURIAL CREMATI REMOVAL (Specif	ON, 22b. DATE THEREON	F 22c. N	AME OF CEMETERY OR	DEPUTY MEDICAL	L EXAMINER X	City, fown, or equity)	April 14-6
EXAMINER'S NAME (Type) 220. BURIAL, CREMATI REMOVAL (Specif Burial	ON. 226. DATE THEREON	F 22c; N	Hopehill	DEPUTY MEDICAL	22d. LOCATION (C	rick Co.	(Stote)
EXAMINER'S NAME (Type) 220- BURIAL, CREMATI REMOVAL (Specif Burial 23. FUNERAL DIRECTO	ON. 226. DATE THEREON	F 22c; N	T- 2 - 5 -	DEPUTY MEDICAL CREMATORY 24a. REC	22d. LOCATION (C		(Stote) Md.

VS. A15ME 5M 2/57



Frederick

b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)

629 Biggs Avenue

d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION

Frederick

1. PLACE OF DEATH

o. COUNTY

NAME OF

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

MARYLAND

c. LENGTH OF STAY IN 16

approx.10vrs

Middle

CERTIFICATE OF DEATH

o. STATE Maryland

d. STREET ADDRESS

Frederick

629 Biggs Avenue 4. DATE

04302

Day

e. IS RESIDENCE ON A FARM? YES NO

Year

Frederick

2, USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)

b. COUNTY

Month

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	1	9	V	1	1
	1		V	No.	1
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director, in by I pletely filled

	(Type or print)	Ann	a	Twille	y	OF DEATH	April	Lith	19	61
5.	Female	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED WIDOWED DIVORCED		gust 30-1		AGE (In years lost birthdoy) 93 yrs.	Months Days	-	24 HRS. Min.
100	during most of we Retired	orking life, even if retired	done 10b. KIND OF BUSINESS OR) Homemaker	INDUSTRY 11. B	Wiscons		try)	12.CITIZEN C		UNTRY?
T 13.	John F	aumgartner		14. MOT	Anna He					
			CCES? 16. SOCIAL SECURITY NO. None	Mrs. Ca			Addr 629 Bi.g		Md Freder	
		EATH [Enter only one co EATH WAS CAUSED BY: IMMEDIATE CAUSE (o	ouse per line for (o), (b), and (c).]	lity				10	TERVAL BETW	VEEN EATH
6.1	Conditions, if	Ony, which)		2					U	
	gave rise to couse (o), stotin lying couse los	g the under-								
CATION	PART II. C	THER SIGNIFICANT CON	IDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELA	TED TO THE TERMII	NAL DISEASE C	ONDITION GIV	EN IN PART 1(o)	PERFORA	NO P
CERTIFI	200. ACCIDENT OR CONTRIBUTION (IF EITHER, NOTI	WAS UNDERLYING GOOD CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OC	CURRED. (Enter no	oture of injury in P	Part I or Port II	of item 18.)			
MEDICAL	20c. TIME OF INJ Hour a. n	10	ar 20d. INJURY OCCURRED While Not while at wark ot wark		JURY (Home, form, t, office bldg., etc.		town)	(Count)	r)	(Stote)
			1) attended the deceased							
1	220. SIGNATURE	By 1	Martin	M.D. ATTE			STAFF PHYS.	d an the dat	226.0	DATE SIGNED
	22c. PHYSICIAN'S NAME (Type	Dr. Rex R.	Martin		ADDRESS 220 N. Ma	rket Si	Frede	erick-Ma	ryland	
23	BURIAL, CREMAT REMOVAL (Speci Burial		4				N (City, town, onester (Co.)	(Stote)	
Ale 54	Dailey &	or's SIGNATURE Funeyalt Nhitmo	Home Frederick	- Marylar		BY REGISTRA	R 25b. REGIS	STRAR'S SIGNAT	URE	
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	nisomoni	reducion		berise
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. 24 C. S. C.	The second of the second	L East Done	301-75-1	Jairus
	Alfa (despe frel cult =	Volumbers 1	100	

VS. A15ME 5M 2/57

4310

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

										Keg. Dis	T. NPCS	3113
	PLACE OF DEATH D. COUNTY FI	rederick		MARYL	AND	o. STATE		here deceo	sed lived. If instit b. COUNT	ution: Residen		
1	and nive negrest town)	R.F.D.I	AL	c. LENGTH OF STAY IN	116			R.F.	porate limits, write D. I	RURAL ond	give neores	t town)
	d. NAME OF HOSPITA	L OR INSTITUTION (If no	t in hosp	ital, give street address)		d. STREET A	DDRESS					S NO A
	NAME OF DECEASED (Type or print)	Kenneth		Eugene Eugene		Warfi	eld	4. DATE OF DEATH	April	h I e	Doy 6	Yeor 19 6 I
	Male		DOWED	DIVORCED [Novemb				Months D	YEAR IF L	JNDER 24 HRS. urs Min.
100	during most of working	N (Give kind of work done Life, even if retired)	10b. KI	ND OF BUSINESS OR IN	IDUSTI				ounty)		S.A.	HAT COUNTRY?
	FATHER'S NAME Walter Wa	arfield				Eliza			nnson			
15.		R IN U. S. ARMED FORCES	41	ocial security no.		rs.Eli	zabe	th Wa	arfield		iry 1	R.F.D.I
Z	Conditions, M on gave rise to immediate of cause lost.	iote couse		Gun Shot W						VEN IN PART	1(a) 19. W	
MEDICAL CERTIFICATION	20g. EXTERNAL CAU PRIMARY 19 or CON CAUSE OF DEATH.			HOW INJURY OCCURR						ot hi	YES [tand tand
MEDICAL	20c. TIME OF INJUR		-	NJURY OCCURRED 20e	PLAC		ome form	20f (Cit)		(Cour	nty)	(Stote)
	opinion death	at I taok charge af resulted from: Nat B.O.Thomas	ural c	emains described auses []. Accide		, Suicide M.D. CHIEF M ASSISTAN	EDICAL EX] ER []	Inquiry ermined m	anner [and in my
22. E	o. BURIAL, CREMATION REMOVAL (Specify) BURIAL	N. 22b. DATE THEREOF 4-20-61		22c. NAME OF CEMETER Mt. Olive		CREMATORY			TION (City, town. Winds	or, M	d.	(Stole)
23.	C.E.Hi		Fre	ADDRESS derick-Mai	ry]		240. REC'I	R 21	0.4	other S.		

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	nation walls the	New Allowald March	4.6	Ser Telling

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Frederick Page b. COUNTY Frederick Health, MARYLAND b. CITY OR TOWN III outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Rur Hi Town) Thurmont Life time of o Rural Thurmont. R.D.T Baord d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 1, 2, and 3 to the funeral dirty. Page 5 may be retained for 1 and 2 with the State Baare d. STREET ADDRESS e. IS RESIDENCE Home ON A FARM? YES NO IX State death. NAME OF Middle 4. DATE Month Yeor DECEASED Charles Edward Welsh (Type or print) DEATH April I96I 19 haurs after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYPAR IF UNDER 24 HRS. Male White DIVORCED TULY Months I907 WIDOWED | File pages I and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Construction Maryland Crane operator Jid be executed within 24 hours after in pencil in Item, 18. Give Pages 1 ter's Office along with form PM3. byrial-transit permit. File pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Edward B. Welsh Margaret Cline 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT dup 9824 Mrs. Dorothy E. Welsh Thurmont, Md. RD! c 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: Caronary thrombosis IMMEDIATE CAUSE (a) Win. DUE TO Conditions, if ony, which gave rise to immediate cause DUE TO the word "pending" in Chief Medical Examiner" should be used as a by (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) writing th foctory, street, office bldg., etc.) Hour o. m While Not while to the of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection Dr. Inquiry . and in my CTOR: po opinion death resulted from: Natural couses X, Accident , Suicide , Hamicide , Undetermined monner DIREC designated ACTUAL DATE SIGNED forv CHIEF MEDICAL EXAMINER TO SIGNATURE A should be 1 O FUNERAL C or its designed ASSISTANT MEDICAL EXAMINER 4-22-61 **EXAMINER'S** Thomas NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) Burial Specify) Ridge Cemetery Thurmont. Maryland Blue 10 ADDRESS 23 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME Thurmont. APR 26'6 arthur S. Krans 5M 2/S7 DATE

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		ALL DESIGNATION		
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	Til Frykgarat		No.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

arthur S. Kraus

OR INSTITUTION Mt. Phillip Road Route # 5 Mt. Phillip Rd. Rt. # 5 VES 3. NAME OF DECEASED (Type or print) S. SEX OCOLOR OR RACE White White Widdle Day Young S. SEX OCOLOR OR RACE Wharled Widdle White Widdle White Widdle White Widdle White Widdle White Widdle Day Never Married Dist Never Married Dist Divorced August 13, 1889 Prederick Co. Maryland U.S. A. 12. CITIZEN OF WHAT CO. Waryland W.S. A. 13. FATHER'S NAME George W. Young 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Vest. no. No. winknown) Widdle Lost About Of Birth April 12. CITIZEN OF WHAT CO. Waryland U.S. A. 14. MOTHER'S MAIDEN NAME Eva Stone 15. SOCIAL SECURITY NO. 16. SOCIAL SECURITY NO. 17. INFORMANT Address Was Deceased Ever IN U. S. Armed Forces? (Vest. no. No. which gave rise to immediate cause for line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Was Deceased Inverse Minediate Canditions, if any, which gave rise to immediate Candition	43	12		CERTIFICA	TE OF DEA	TH			04305
Rural d. NAME OF HOSPITAL (If not in buspital, give street address) OR INSTITUTION Mt. Phillip Road Route # 5 NAME OF HOSPITAL (If not in buspital, give street address) OR INSTITUTION Mt. Phillip Road Route # 5 NAME OF HOSPITAL (If not in buspital, give street address) OR INSTITUTION Mt. Phillip Road Route # 5 NAME OF HOSPITAL (If not in buspital, give street address) OR INSTITUTION Mt. Phillip Road Route # 5 NAME OF HOSPITAL (If not in buspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in buspital, give street address) OR INSTITUTION NAME OF HOSPITAL (If not in buspital), give street address) NAME OF HOSPITAL (If not in buspital), give street address) NAME OF HOSPITAL (If not in buspital), give street address) NAME OF HOSPITAL (If not in buspital), give street address) NAME OF HOSPITAL (If not in buspital), give street address) NAME OF HOSPITAL (If not in buspital), give street address was address and street address of the street address of the street address and	a. COUNTY	ederick		MARYLAND	g. STATE				
OR INSTITUTION Mt. Phillip Road Route # 5 Mt. Phillip Rd. Rt. # 5 Set State Sta	RURAL and give n	learest tawn)	its, write c. LENC	GTH OF STAY IN 16			orate limits, write R	URAL and give ne	arest tawn)
DECEASED (Type or print) Harry Ashby Young Death April 12, 1 15 15 15 15 15 15 15	OR INSTITUTION			. 11			p Rd. Rt.	# 5	e. IS RESIDENCE ON A FARM? YES NO
Martis M	DECEASED	A A A				OF			Year 19
Retired Farmer 3. FATHER'S NAME George W. Young 5. WAS DECEASED EVER IN U. S. ARMED FORCES? I. 6. SOCIAL SECURITY NO II. INFORMANT PART II. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS A PERFORMANT PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS A PERFORMANT WAS UNDERLYING COURSED. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS A PERFORMANT WAS UNDERLYING COURSED. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTION COURSED. (Either nature of injury in Part I ar Part II of item 18.) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part III of item 18.) 20c. TIME OF INJURY Manth, Day, Year While Not while of wark o		100				1889	last birthday)		
S. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give wor or dates of terrice) 16. 7-16-5959 Mrs. Frances M. Davis Young Frederick, Mo 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS A PERFOI YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth, Day, Year While at wark 30 work 30 work	Retired	rking life, even if retired	dane 10b. KIND Of	F BUSINESS OR INDU	Frederi	.ck Co.			
The control of the state of service 167-16-5959 Mrs. Frances M. Davis Young Frederick, More 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).	George V	f. Young			21.120	one			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)			service)			M. Davi			ek, Md.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year Hour a. m. 19 while at wark at wark at wark 19. While at wark 19. The factory, street, office bldg., etc.) 19. The factory of the terminal disease condition given in Part 1 (a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) 19. WAS A PERFOUND PROPERTY OF THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PART I. DE, Canditians, if a gave rise to cause (a), stating	ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO DOINY, which immediate I the under: DUE TO	o Card), (b), and (c).]	onlar	dre	ase		TERVAL BETWEEN ISET AND DEATH THE TOTAL TOTAL THE TOTAL TOTAL THE TOTAL TOTAL THE TOTA
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. 19 While at wark at wark 21. I certify that (I) (this haspital) attended the deceased framework 19 that (I) (this haspital) attended the deceased framework 19 that (I) (this haspital) attended the deceased framework 19 that (I) (this haspital) attended the deceased framework 19 that (II) (this haspital) attended the deceased fra	PART II. OT	HER SIGNIFICANT CON	NDITIONS CONTRIB				-	/EN IN PART 1(a)	PERFORMED?
	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	While No	at while fo	actary, street, affice bldg		ty ar tawn)	(Caunty	(510
22a. SIGNATURE 22b ATTENDING MED. STAFF / // 12	saw the decea		1) attended the		death accurred at	MED.	the causes ar		e stated above
22c. PHYSICIAN'S NAME (Type) Dr. B. O. Thomas, Sr. M.D. PHYS. DIRECTOR PHYS. DIR	22c. PHYSICIAN'S NAME (Type)	Dr. B. O. T	homas, Sr	. M	22d. ADDRESS			Frederic	
23a. BURIAL, CREMATION, PREMOVAL (Specify) Purial 23b. DATE THEREOF Prederick Memorial Park 23c. NAME OF CEMETERY OR CREMATORY Frederick, Maryland 24. FUNERAL DIRECTOR'S SIGNATURE. ADDRESS 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	REMOVAL (Specify Burial	1 4-11:-196	S1 Fr	rederick Me	emorial Par	k Fre	derick, l	Waryland	(State)

Frederick, Maryland

DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY	Frederick		MARYLAN	o. STATE	Maryl	and	l lived. If instituti b. COUNTY	Fred	lerick	2
b. CITY OR TOWN RURAL and give r Frede		s, write	c. LENGTH OF STAY IN 1	c. CITY	Frede:		rote limits, write R	URAL ond give	e nearest to	wn)
OR INSTITUTION	TAL (If not in hospital, gi			d. STREE	302 R	ockwel	l Terrace	9	ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Firs Gra	ace	Middle Edna	Zimmerm	Lost	4. DATE OF DEATH	Mon Ap:		LO Doy	Year 19 61
5. SEX Female	78F1 2 . A	7. MARRI	D DIVORCED		16-18	82	9. AGE (In years lost birthdoy) 78 yrs.		YEAR IF UN lays Hour	T
House	ON (Give kind of work drking life, even if refired)	lone 10b.	Own Home		Maryla	nd	ountry)		J.S.A.	
13. FATHER'S NAME	e Henry Zim	merma	n		er's maiden Floren		zier			
	ER IN U. S. ARMED FORG	CES? 16.	SOCIAL SECURITY NO. 12	. INFORMANT			Add erkasie-		lvania	1
Conditions, if gove rise to couse (o), stoting lying couse lost	immediate DUE TO		Lyperter Terio-Sco	isión eratie	, uos	eula	r dis	lace	44	rs.
S C	THER SIGNIFICANT CONI	7	CRIBE HOW INJURY OCCU	- 34	1.		E CONDITION GIV t II of item 18.)	VEN IN PART I	1(a) 19. WA PER YES [REORMED?
	10	20d. IN While of worl	Not while	PLACE OF INJU factory, street, o	RY (Hame, far office bldg., e	m, 20f. (City	or town)	(Co	uniy)	(Stot
	ot (I) (this hospital	3	led the deceased fro	t deoth accu			the causes or	nd on the		
22c. PHYSICIAN'S NAME (Type)	Dr. Charle	s H.	Conley, Jr.	22d. A1	DDRESS	onal B	STAFF PHYS. □		k- Md	.1961
23a. BURIAL, CREMATI REMOVAL (Specif Burial	ON, 23b. DATE THEREO		23c. NAME OF CEMETER				TION (City, town,			State)
			rederick- Ma	ryland		PR 13		istrar's sign	4 4	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the form page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 haurs after death. NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATT

reral director, be filed with

th. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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PLACE OF DEATH	REDERICK	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	ь.	COUNTY 7	elerich
b. CITY OR TOWN RURAL and give r	(If outside corporate limits, with	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF	TTJVILL		
d. NAME OF HOSPI OR INSTITUTION	FREO MEM		d. STREET ADDRESS		/	e. IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	SHERYL	Middle	Lost	4. DATE OF DEATH	APRIL	Day Year 29 196
SEX F		MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 6-18-57	9. AGE lost b	11 1	1 YEAR IF UNDER 24 HR. Doys Hours Min.
	ION (Give kind of work done rking life, even if retired)	10b. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote		12. CITI	U.S.
ALBEI	ET & RZIN	IM ECMAN	Grace E.	NAME		
S. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	TO TO CONTENE DECOMMENT THOSE IN T	INFORMANT lbert R. Zi	mmerman,	Address Middleto	own, Md.
Conditions, if gove rise to couse (o), stating lying couse lost	DUE TO any, which immediate the under- the under- the control of the	CONVULSION -	- GRAND-	CTH TRA		T HAVE TO WAS AUTOPS:
₹ 20a. ACCIDENT W	/AS UNDERLYING 🗆 20b.	DESCRIBE HOW INJURY OCCUR				PERFORMED? YES NO
OR CONTRIBUTION (IF EITHER, NOTIF 20c. TIME OF INJU Hour o. m.	. V	0d. INJURY OCCURRED 20e. I	PLACE OF INJURY (Home, for foctory, street, office bldg., et	m, 20f. (City or town) (<	County) (State
		tended the deceased fram PRIC 19 61, and that			The state of the s	22b. DATE
22c. PHYSICIAN'S NAME (Type)	FREO V.	HELDRICH	M.D. PHYS E	DERLICK	, MD.	SIGNE
REMOVAL (Specify DUTIAL)		23c. NAME OF CEMETERY Reformed	or crematory Cemetery	23d. LOCATION (Ci		(Stote)
Gladhi	r's signature 11 Company,	Middletown,	Md . 25a. REC		25b. REGISTRAR'S SIG	

Arasdas rapelinas (C.) e ES) THE CHARLES IN THE STREET STREET